2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 02, 2007 8:00 am Secretary of State

DOCUMENT # L06000105332 1. Entity Name SHERIDAN LAND HOLDINGS, LLC					03-02-2007 90185 009 ****50.00			
Principal Place of Business 500 IVANHOE PLAZA ORLANDO, FL 32804		Mailing Address 500 IVANHOE PLAZA ORLANDO, FL 32804		. A REGULATE A	I: 88/18 8/11: 88/14 88/14 88/1	II (1811 - 1816) 6 11 60 18 60 1818 18	iri m liti	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	per	L	oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	□ \$5.00 Add Fee Require		
	6. Name and Address of Current F	Registered Agent		7. Name an	d Address of New R	egistered Agent		
CHRISTIANSEN, TODD M 500 IVANHOE PLAZA ORLANDO, FL 32804			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
	named entity submits this statement for ons of registered agent.	the purpose of changing its	registered office or	registered agent, or be	oth, in the State of Fic	orida. I am familiar with,	and accept	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd litte if applicable. (NOTE	: Registered Agent signal	re required when reinstating)		DATE		
Filing Fee Is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			
9.	MANAGING MEMBEI	RS/MANAGERS	10.		ADDITIONS /	/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V .	Delete TITT NAM STR		500 Ivanho	anager □ Change ☑ Addition odd M. Christiansen 00 Ivanhoe Plaza rlando, FL 32804			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Change	☐ Addition	
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11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 149, Florida Statutes. Floring that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE
SIGNATURE AND TYPED OR PRINTED WANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORNERD REPRESENTATIVE
Todd M. Christiansen

407-252-6053