

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106065

Entity Name: 205 SHEFFIELD, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

5274 TIFFANY ANNE CIRCLE
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

5274 TIFFANY ANNE CIRCLE
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 20-8055083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'KEEFE, JAMES
5274 TIFFANY ANNE CIRCLE
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'KEEFE, JAMES
Address: 5274 TIFFANY ANNE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: MGRM () Delete
Name: CORR, STEPHE
Address: 300 NE 20TH STREET, UNIT 704
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: LYNCH, DANIEL
Address: 1 POLK AVENUE
City-St-Zip: NORTHPORT, NY 11731

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES OKEEFE

MGRM

04/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date