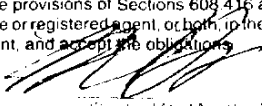


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				L94000000467		99 APR 12 AM 10:00	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE					
1. Name and Mailing Address of Limited Liability Company SHELDON OF SOUTH FLORIDA L.C. 77 EAST LONG LAKE BLOOMFIELD HILLS MI 48304				DOCUMENT # L94000000467			
2. Principal Place of Business Suite, Apt #, etc City & State Zip Country				2a. Mailing Address Suite, Apt #, etc City & State Zip Country		3. Date Organized or Qualified 09/15/1994 4. FEI Number 65-0571417 5. Date of Last Report 06/08/1998	
3a. State of Formation FL ☐ Applied For ☐ Not Applicable				6. Certificate of Status Desired \$8.75 Additional Fee Required ☐			
7. Name and Address of Current Registered Agent DAVIS, ROBERT S 7027 MANDARIN DRIVE BOCA RATON FL 33433				8. Name and Address of New Registered Agent/Office Name DAVIS, ROBERT S. Street Address (P.O. Box Number is Not Acceptable) 2333 GRIFFIN ROAD Suite, Apt #, etc City FT. LAUDERDALE FL Zip Code 33312			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.							
SIGNATURE: 				ROBERT S. DAVIS DATE: 12-31-99			
10. Title MGRM		Managing Members/Managers DAVIS, ROBERT S		Business Street Address 7027 MANDARIN DRIVE 2333 GRIFFIN ROAD		City, State and Zip Code BOCA RATON FL FT. LAUDERDALE, FL 33312	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.							
SIGNATURE: 				ROBERT DAVIS 33199 248642-1180			