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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

L94400000467

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

DOCUMENT # L94000000467

SHELDON OF SOUTH FLORIDA L.C.
77 EAST LONG LAKE
BLOOMFIELD HILLS MI 48304

1a. Principal Place of Business Address

2333 GRIFFIN ROAD
FT. LAUDERDALE FL 33312

2 Principal Place of Business	2a. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 09/15/1994

3a. State of Formation: FL

4. FEI Number: 65-0571417 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: 06/08/1998

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: 3-31-99
(Registered Agent Accepting Appointment) (Print Registered Agent Signature Here and Where Indicated)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	DAVIS, ROBERT S	~~7027 MANDARIN DRIVE~~ 2333 GRIFFIN ROAD	~~BOCA RATON FL~~ FT. LAUDERDALE, FL. 33312

-04/22/99--01094--002
****188.75 ****188.75

4/12/99

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 3/31/99 248-642-1180
(Signature and Typed or Printed Name of Individual) (Date) (Daytime Phone Number)

INHSE10 R (12-98)