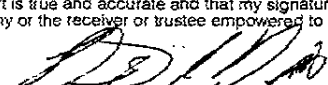


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # L94000000467		
1. Entity Name SHELDON OF SOUTH FLORIDA L.C.		
Principal Place of Business 2333 GRIFFIN ROAD FT. LAUDERDALE, FL 33312		Mailing Address 370 EAST MAPLE RD., 3RD FL BIRMINGHAM, MI 48009
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DAVIS, ROBERT S 2333 GRIFFIN ROAD FT. LAUDERDALE, FL 33312		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when recommitting)		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, ROBERT S 2333 GRIFFIN ROAD FT. LAUDERDALE, FL 33312	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I 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 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: 		3/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



03082004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-0571417

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

U000000111844
04/13/04-80037-005 50.00