SIGNATURE: YOUNG WAS CONSTRUCTED TO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2001	UNIFURM BUS	INESS REPU	n i	(UDN)	_			
1. Entity Nam	ne	0004570	*			Con no pos	(-	
SHERIDAN 75, L.L.C.					FILED			
Principal Place of Business Mailing Address					01 FEB 19 AM 10: 17			
2419 E COM	Y DEVELOPMENT & INVESTMENT. INC. MERCIAL BLVD SUITE 301 ALE FL 33308	C/O AMERITY DEVELOPMENT & INVESTMENT. INC. 2419 E COMMERCIAL BLVD SUITE 301 FT LAUDERDALE FL 33308			SECRETARY OF STATE TALTAHASSE, FLORIDA			
2. Principal P	Place of Business	3. Mailing Address .						
2501 E. C	DEVIS INVESTMENTS, INC. OMMERCIAL BLVD. STE-208	AMERITY DEV. & INVESTMENTS, INC. 2501 E. COMMERCIAL BLVD. STE-205 FT. LAUDERDALE. FL 33308-4127			DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0946119 Applied For			
Zip	RDALE, FL 33308-4127	Zip	Соцп				\$5.00 Ad	ot Applicable
	-	. •	*5	****	100	e and Address of New Registered	Fee Require	
	6. Name and Address of Current	negistereo Agent		Name	7. Name	Balla Address of New Registered	(Aeur	
KELLEY, PATRICK G 1401 E BROWARD BLVD Street Addre					(P.O. Box N	umber is Not Acceptable)		
SUITE 20	16 ERDALE FL 33301			0.4			- Tin Cos	10
				City		FL	Žip Cod	. -
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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	FILE NOW!!! FEE IS Make Check Payable to Depar					300003746 -02/21/01 *****50.00	01090-	8——6 -010 ∗50.00
9.	MANAGING MEMBI	ERS/MEMBERS	10.			ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STOCKAMORE, RICK N 2419 E COMMERCIAL BLVD SUITE 301			ET ADDRESS -ST-ZIP	STOCKAMORE, RICKN Change Addition 2501 E. COMMERCIAL BLVD. STE-205 FT. LAUDERDALE, FL 33308-4127			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2419 E COMMERCIAL BLVD SUITE 301				STOCKANORE, JOHN HUTX Change Addition 2501 E. COMMERCIAL BLVD. STE-205 FT. LAUDERDALE, FL 33308-4127			
TITLE NAME STREET ADDRESS CIW-ST-ZIP		☐ Delete		1		•	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete				W	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition
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 agreeture 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 NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date								