

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000871

FILED
May 03, 2008
Secretary of State

Entity Name: SHEFFIELD FINANCIAL LLC

Current Principal Place of Business:

2554 LEWISVILLE - CLEMMONS RD.
CLEMMONS, NC 27012

New Principal Place of Business:

2554 LEWISVILLE-CLEMMONS ROAD
CLEMMONS, NC 27012

Current Mailing Address:

C/O LISA MOBERLY
200 WEST SECOND ST 3RD FLOOR
WINSTON-SALEM, NC 27101

New Mailing Address:

PO BOX 1704
CLEMMONS, NC 27012

FEI Number: 56-1771532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: BB&T CORPORATION,
Address: 200 WEST SECOND STREET 3RD FLOOR
City-St-Zip: WINSTON-SALEM, NC 27101

Title: OTH () Delete
Name: MOBERLY, LISA I
Address: 200 WEST SECOND STREET 3RD FLOOR
City-St-Zip: WINSTON-SALEM, NC 27101

ADDITIONS/CHANGES:

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: CRYSTAL FICKEN

POA

05/03/2008

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