


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000004167</b> 1. Entity Name SHELDON ROAD ASSOCIATES, L.L.C.	
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Principal Place of Business 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078	Mailing Address 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 22-3317883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  INGLIS, JOHN S ESQ. C/O SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602-5151
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILF, LEONARD 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILF, ZYGMUNT 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILF, MARK 820 MORRIS TURNPIKE SHORT HILLS, NJ 07078
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KINSLER, WARREN 6000 COMPTON ESTATES WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000795885  
01/29/08-80009-006 138.75

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Warren Kinsler 1-18-08 (813) 910-7914  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #