## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M07000005657

1. Entity Name

SHERIDAN PALMS VENTURE LLC



FILED Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

SIGNATURE:

C/O WINTER MANAGEMENT CORP. 730 FIFTH AVENUE NEW YORK, NY 10019 Mailing Address

C/O WINTER MANAGEMENT CORP. 730 FIFTH AVENUE NEW YORK, NY 10019



03262008 No Chg-LLC

CR2E083 (12/07)

<u> </u>		
4. FEI Number	Applied For	
20-8847603	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

## DO NOT WRITE IN THIS SPACE

				IO OI AOL	
8. The above the obliga	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or re	egistered agent, or both, in t	ne State of Florida. I am familiar w	ith, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE, Registered Agent signature r	required when reinstating)	DATE	<del></del> , .
FILE After May	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75			. •	
9.	MANAGING MEMBERS/MANAGERS	Y			
TITLE	MGRM				* .
NAME	WINTER, JAMES L		•		pool
STREET ADDRESS	7530 FIFTH AVENUE .		•	150 to 150 150 150 150 150 150 150 150 150 150	
CITY-ST-ZIP	NEW YORK, NY 10019		i i i i i i i i i i i i i i i i i i i		•
TITLE	MGRM		·		400 TE
NAME	WINTER, BENJAMIN L		0:	2%.12%n8i2nn12-nn1	192 B
STREET ADDRESS	7530 FIFTH AVENUE				
CITY-ST-ZIP	NEW YORK, NY 10019			ing to the Arman place of the Community	ty Dur war
TITLE	MGRM	,			. •.
NAME	WINTER EQUITIES COMPANY, L.P.				
STREET ADDRESS CITY-ST-ZIP	7530 FIFTH AVENUE		DO NO	OT WRITE	
	NEW YORK, NY 10019				
TITLE	MGRM	·	IN TH	IS SPACE	1 1
NAME STREET ADDRESS	WINDMILL EQUITIES LLC 7530 FIFTH AVENUE				
CITY-ST-ZIP	NEW YORK, NY 10019		•	· · · · · · · · · · · · · · · · · · ·	
	TALVA TORK, IAT 10019				l
TITLE NAME			•		*
STREET ADDRESS				•	
CITY-ST-ZIP					:
TITLE		· ·		المعاشد المستوان	
NAME				1	
STREET ADDRESS				******	
CITY-ST-7IP		•	•		

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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

James

7/7/08 7/12/467

Daytime Phone #