## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

## Feb 05, 2004 08:00 AM Secretary of State DOCUMENT # B94000000246 1. Entity Name SIERRA ORLANDO PROPERTIES, LTD. Principal Place of Business Mailing Address 801 N. BRAND BLVD. 801 N. BRAND BLVD. STE. 1010 STE. 1010 GLENDALE CA 91203 **GLENDALE CA 91203** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. MOORE CR2E003 (11/03) City & State City & State Applied For 4. FEi Number 95-4453279 Not Applicable ZiD Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOWNING, GRANT T Street Address (P.O. Box Number is Not Acceptable) 222 WEST COMSTOCK AVE. STE. 101 WINTER PARK FL 32789 City Zip Code 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 it applicable DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$12,389,553.00 as Shown on record. in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # F96000002371 STREET ADDRESS NAME IMPERIAL LAND CO. 801 N. BRAND BLVD., STE, 1010 STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP GLENDALE CA 91203 DOCUMENT # STREET ADDRESS MAME 02/28/04-80030-006 526.25 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME\* STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Shirley Hough

SIGNATURE

**FILED** 

(818) 247-2681

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