## **2007 LIMITED LIABILITY COMPANY**

## FILED Apr 30, 2007 8:00 am Secretary of State

ANNUAL REPORT					Secretary of State			
DOCUMENT # L06000012581					04-30-2007 9	00071 003 **	**50.	00
1. Entity Name								
SIERRA AZUL INVESTMENTS, LLC								
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Principal Place	e of Business	Mailing Address						
1264 S. BAYWOOD AVE.		1264 S. BAYWOOD AVE.		<b>\</b>				
SAN JOSE, CA	N 95128 US	SAN JOSE, CA 95128	US					
l				<u> </u>				<b>11</b> 1     1 <b>11</b> 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007	Chg-LLC	CR2E083 (1	2/06)	
City & State		City & State		4. FEI Numb	197529		<del></del>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	e of Status Desired		0 Addi Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Agent		
CORPORA	TION SERVICE COMPANY		Name					
1201 HAY			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
TALLAHAS	SSEE, FL 32301				<del></del> -			
	\$-	•		,· .				
	**		City			FL   <sup>z</sup>	ip Code	<b>3</b>
	named entity submits this statement for	r the purpose of changing its r	registered office or regis	stered agent, or bo	oth, in the State of Flo	orida. I am familia	ar with, a	and accept
ine obligat	ions or registered agent.							
SIGNATURE .								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating)		DATE		
JONATORE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating)		DATE		
Fi	ling Fee is \$50.00	and title if applicable (NOTE	Registered Agent signature requ	uired when reinstating)		e check payab		
Fi		and take it applicable (NOTE	Registered Agent signature requ	when reinstating)				<b>)</b>
Fi	ling Fee is \$50.00		Registered Agent signature requirements	uired when reinstating)		e check payab a Department o		}
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11. 1 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE