

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077223

Entity Name: 129 DELTA SIERRA, LLC

FILED
Mar 23, 2006
Secretary of State

Current Principal Place of Business:

1732 SW MOCKINGBIRD DRIVE
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

611 BIG SKY PLACE
PAGOSA SPRINGS, CO 81147

Current Mailing Address:

1732 SW MOCKINGBIRD DRIVE
PORT ST. LUCIE, FL 34986

New Mailing Address:

611 BIG SKY PLACE
PAGOSA SPRINGS, CO 81147

FEI Number: 51-0527229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARLOW, RANDALL
1732 SW MOCKINGBIRD DRIVE
PORT ST. LUCIE, FL 34986 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: BARLOW, RANDALL
Address: 1732 SW MOCKINGBIRD DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: BARLOW, JONI JILL
Address: 1732 SW MOCKINGBIRD DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BARLOW, RANDALL
Address: 611 BIG SKY PLACE
City-St-Zip: PAGOSA SPRINGS, CO 81147

Title: MGRM (X) Change () Addition
Name: BARLOW, JONI JILL
Address: 611 BIG SKY PLACE
City-St-Zip: PAGOSA SPRINGS, CO 81147

I hereby certify that the information supplied with this filing does not qualify for the 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: RANDALL BARLOW

MGR

03/23/2006

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