### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L00000006181

1. Entity Name

SIERRA FLORIDA HOTELS, LLC

FILED
Jan 18, 2005 08:00 AM
Secretary of State

Principal Place of Business

801 NORTH BRAND BLVD., SUITE 1010 GLENDALE, CA 91203-1243

. Mailing Address

801 NORTH BRAND BLVD., SUITE 1010 GLENDALE, CA 91203-1243



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 95-4822212 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITMIRE, ROBERT L 3918 ALHAMBRA DRIVE WEST JACKSONVILLE, FL 32207

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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 if applicable.

(NOTE, Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FREEBERG, DONALD 801 N. BRAND BLVD., #1010 GLENDALE, CA 91203	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM _ FREEBERG, DANIEL 801 NORTH BRAND BLVD., SUITE 1010 GLENDALE, CA 912031243	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MEM SIERRA LAND GROUP, INC. 801 NORTH BRAND BLVD., SUITE 1010 GLENDALE, CA 912031243	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM SIERRA-ORLANDO, IÑC, 801 NORTH BRAND BLVD., SUITE 1010 GLENDALE, CA 912031243	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MEM SIERRA-SANTA CLARA, INC. 801 NORTH BRAND BLVD., SUITE 1010 GLENDALE, CA 912031243	
TITLE NAME STREET ADDRESS CITY+ST+ZIP		
11. Thereby cartify that the information expolied with this filling does not qualify for the ever		

1/00000182081 01/19/05-80014-005 50.00

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11. Thereby 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 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:

JRE: Shirley Hough
SIGNATUME AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/6/05

(818) 247-3681

Date

Daytime Phone #