

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000006181

1. Entity Name
SIERRA FLORIDA HOTELS, LLC



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**



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

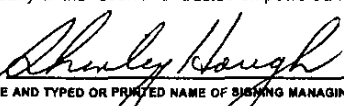
9. MANAGING MEMBERS/MANAGERS

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, INC. 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	

000000595002
01/23/07-80018-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:  **Shirley Hough**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/11/07

Date

(818) 247-3681

Daytime Phone #