


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 01, 2004 08:00 AM
Secretary of State**

DOCUMENT # L00000008184 1. Entity Name CIERRA HOMES, LLC	
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Principal Place of Business 4100 RECKER HIGHWAY WINTER HAVEN, FL 33880	Mailing Address 4100 RECKER HIGHWAY WINTER HAVEN, FL 33880
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02032004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3667135	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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5. Name and Address of Current Registered Agent FRASIER, DONALD W 4100 RECKER HIGHWAY WINTER HAVEN, FL 33881

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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRASIER, DONALD W 100 TWIN COVE AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RILEY, DARRYL L 250 POST ROAD POLK CITY, FL 33868
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<p>U000000100970 04/01/04-80029-010 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. 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 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 OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/25/04
Date

863-967-5177
Daytime Phone #