2004 LIMITED LIABILITY COMPANY

Apr 19, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-19-2004 90037 025 ****50 00 DOCUMENT # L01000019719 1. Entity Name SIERRA OAKS, LLC 24047826 Principal Place of Business Mailing Address 4501 BÉVERLY AVE. 4501 BEVERLY AVE. JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 CR2E083 (10/03) 02052004 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-3757531 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATLEE, KENYON S DO NOT WRITE 4501 BEVERLY AVE. JACKSONVILLE, FL 32210 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS MGRM ATLEE, KEYNON S NAME STREET ADDRESS 4501 BEVERLY AVENUE CITY-ST-ZIP JACKSONVILLE, FL 32210 TITLE

DO NOT WRITE IN THIS SPACE

Date

FILED

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

904.384-6964