


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000019719 1. Entity Name SIERRA OAKS, LLC	
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Principal Place of Business 4501 BEVERLY AVE. JACKSONVILLE, FL 32210	Mailing Address 4501 BEVERLY AVE. JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE



04192005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3757531	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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6. Name and Address of Current Registered Agent ATLEE, KENYON S 4501 BEVERLY AVE. JACKSONVILLE, FL 32210
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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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>	DATE
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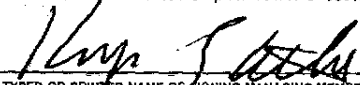
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ATLEE, KEYNON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210
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04/29/05-80047-021 50.00

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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)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date	Daytime Phone #
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