

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90031 012 ****50.00

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DOCUMENT # L01000019719 1. Entity Name SIERRA OAKS, LLC					
Principal Place of Business 4501 BEVERLY AVE. JACKSONVILLE, FL 32210			Mailing Address 4501 BEVERLY AVE. JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # 5851 TIMUGUANA Rd		3. Mailing Address 5851 TIMUGUANA Rd		04202007 Chg-LLC CR2E083 (12/06) 4. FEI Number 59-3757531 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Suite, Apt. #, etc. 301		Suite, Apt. #, etc. 301			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL			
Zip Country 32210 DUNAL		Zip Country 32210 DUNAL			
6. Name and Address of Current Registered Agent ATLEE, KENYON S 4501 BEVERLY AVE. JACKSONVILLE, FL 32210				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5851 TIMUGUANA Rd Ste 301 City State Zip Code JACKSONVILLE FL 32210	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLEE, KEYNON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5851 TIMUGUANA Rd Ste 301 JACKSONVILLE FL 32210
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			Kenyon S. Atlee 4-25-07 904-384-6964		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					