


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 JAN 16 AM 7:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000019881		
1. Entity Name SIERRA GROUP, LLC		

Principal Place of Business 16150 SW 106 TERRACE MIAMI, FL 33196	Mailing Address 16150 SW 106 TERRACE MIAMI, FL 33196
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100027092654  
01/16/04--01027--014 \*\*50.00



2. Principal Place of Business 19516 SW 49TH COURT	3. Mailing Address 19516 SW 49TH COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01062004 Chg-LLC CR2E083 (10/03)

City & State MIRAMAR, FL	City & State MIRAMAR, FL
Zip 33029	Zip 33029
Country	Country

4. FEI Number 37-1437558	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		7. Name and Address of New Registered Agent	
SIERRA, CATALINA 16150 SW 106 TERRACE MIAMI, FL 33196		Name Street Address (P.O. Box Number is Not Acceptable) 19516 SW 49TH COURT City MIRAMAR FL Zip Code 33029	

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 \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIERRA, CATALINA 16150 SW 106 TER MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIERRA, CATALINA 19516 SW 49 COURT MIRAMAR, FL 33029 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Catalina Sierra 1/12/04 (954) 443-1465  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #