

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Apr 11, 2008 8:00 am
Secretary of State**

04-11-2008 90178 045 ***138.75

DOCUMENT # L03000010668

1. Entity Name
RJC SIERRA, LLC



Principal Place of Business
**1769 ELIZABETH'S WALK
WINTER PARK, FL 32789**

Mailing Address
**1769 ELIZABETH'S WALK
WINTER PARK, FL 32789**



04082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

83-0351782

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRESE, GARY B
930 S HARBOR CITY BOULEVARD STE. 505
MELBOURNE, FL 32901**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: MGR
NAME: RATHBUN, MARILYN M
STREET ADDRESS: 1769 ELIZABETH'S WALK
CITY-ST-ZIP: WINTER PARK, FL 32789

Delete

TITLE: MGR
NAME: YELLAND, CAROLYN A
STREET ADDRESS: 5320 CHISWICK CIRCLE
CITY-ST-ZIP: ORLANDO, FL 32812

Delete

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

TITLE: Change Addition
NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

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NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change 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: Marilyn Rathbun

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

4-8-08 407-644-3177

Date

Daytime Phone #