

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90431 031 ****50.00

DOCUMENT # L03000050421



1. Entity Name
 SIERRA RANCH, LLC

Principal Place of Business
 4788 WEST COMMERCIAL BOULEVARD
 TAMARAC, FL 33319

Mailing Address
 4788 WEST COMMERCIAL BOULEVARD
 TAMARAC, FL 33319

24021020



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

Applied For

13-4270902

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHACK, EDWARD J
 23164 SANDALFOOT PLAZA DRIVE
 BOCA RATON, FL 33428

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

MANAGING MEMBER Delete
 DAVID SCHACK
 4788 W. COMMERCIAL BLD
 TAMARAC, FLORIDA 33319

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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Change Addition

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 CITY-ST-ZIP

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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:

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

3/9/04

Date

(954)
 484-4800 x10

Daytime Phone #