2005 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME &

ANNUAL REPORT **FILED** Jan 18, 2005 08:00 AM Secretary of State DOCUMENT # L03000050421 1. Entity Name SIERRA RANCH, LLC Principal Place of Business Mailing Address 4788 WEST COMMERCIAL BOULEVARD 4788 WEST COMMERCIAL BOULEVARD TAMARAC, FL 33319 TAMARAC, FL 33319 01032005 No Chq-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-4270902 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STREIT, THOMAS E DO NOT WRITE 222 LAKEVIEW AVENUE, SUITE 400 WEST PALM BEACH, FL 33401 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 U00000182212 Due by May 1, 2005 01/19/05-80016-025 55.00 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME SCHACK, DAVID STREET ADDRESS 4788 W. COMMERCIAL BLVD. CITY-ST-ZIP TAMARAC, FL 33319 NAME STREFT ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP I hereby certify that the Information supplied with this filling 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 this 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 true employered to execute this report as required by Chapter 608, Florida Statutes.