## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 03, 2005 8:00 am Secretary of State

Principal Place of Business 6977 GIDA COURT REYSTONE HEIGHTS, FL 32656 US  **REYSTONE HEIGHTS, FL 32656 US  **Surfa, Agut. #, rec.  **Surfa, Agut. #,	DOCUMENT # L0400002962  1. Entity Name SIERRA ENTERPRISES, LLC				02-03-2005 90113 030 ****55.00			
September   Sept	<b>1</b>							
Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  O1312005 Chg-LLC CR2E083 (10703)  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Registered Agent  Name  Name and Address of Now Registered Agent  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  SUITE 201  KEYSTONE HEIGHTS, FL, 32656  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Numb	6977 GILDA COURT -6977 GILDA COURT			U\$	·		· · · · · · · · · · · · · · · · · · ·	<b>201</b> 1 14 1 <b>21</b>
Sulfe, Apt. #, etc.  Sulfe, Apt. #, etc.  O1312005 Chg-LLC CR2E083 (10703)  City & State  City & State  City & State  Country  Zip  Country  Zip  Country  Zip  Country  S. Certificate of Status Desired  Registered Agent  Name  Name and Address of Now Registered Agent  Name  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  SUITE 201  KEYSTONE HEIGHTS, FL, 32656  City  FL  Zip Code  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Numb	Principal Place of Business     3. Mailing Address				-			
City & State  Name  NewELL, PAUL D  280A LAWRENCE BLVD  SUITE 201  KEYSTONE HEIGHTS, FL ,32856  City  FL Zip Code  City						ii Ausii mant duna esita aus	ir mesii kane siele lärse aine ns	LEBI IR IBAI
Zip Country Zip Country 8, Certificate of Status Desired & \$5,00 Additional Fee Required Special Country 8, Certificate of Status Desired & \$5,00 Additional Fee Repetition Country 8, Certificate of Status Desired Agent 7, Name and Address of Name Registered Agent 7, Name and Name Registered Agent 7, Name and Address of Name Registered Agent 7, Name and Address of Name Registered Agent 7, Name and Address of Name Registered Agent 7, Name and Name Registered Agent 7, Name and Name Registered Agent 7, Name Registered Registered Agent 7, Name Registered Registered Agent 7, Name Registered Registe	Suite, Apt. #, etc.			<del></del>				·
Suppose	City & State	City & State City & State			4. FEI Numb	5-12191	99 AF	<del></del>
NAME AND ADDITIONS/CHANGES    Name and Address of New Registered Agent	Zip Country	Zip	Zip Country		_		₩ \$5.00 Add	
NEMELL PAUL D 260A LAWRENCE BLVD. 260B LAWRENCE BLVD. Street Address (P.O. Box Number is Not Acceptable)  ITHE Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  ITHE Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  ITHE Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  ITHE Number In Acceptable (P.O. Box Number is Not Acceptable)  Street Addres	6. Name and Address of Curren	ne and Address of Current Registered Agent			7. Name an	d Address of New F	<del></del>	
Street Address (P.O. Box Number is Not Acceptable)  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 agent, or both, in the State of Forfide. I am familiar with, and accept the obligations of registered agent agent and the 1 applicable.  (NOTE Registered Agent agent and other invaluation of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligations of registered agent and the 1 applicable.  (NOTE Registered Agent agent and other invaluation of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forfide. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forfide.  ITILE			_	Name			-	-
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Squature A typed or primed name of registered agent and title   facilitable.   (NOTE Registered Agent agentarian registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.   Control of Provided Pepartment of State	260A LAWRENCE BLVD			Street Address (P.O. Box Number is Not Acceptable)				
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. Tarm familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typed or primed name of registered agent are not registered agent are not registered agent agen								
the obligations of registered agent.  SIGNATURE  Synamum, hybrid or printed remaind re				City		<u> </u>	FL Zip Cod	e
Filling Fee is \$50.00 Due by May 1, 2005  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE CARPENTER, LINDA R STREET ADDRESS CITY-ST-2P TITLE MARE STREET ADDRESS CITY-ST-2P TITLE MORES CITY-ST-2P TITLE STREET ADDRESS CITY-ST-2P STREET ADDRES		for the purpose of changing its	registere	d office or registe	ered agent, or b	oth, in the State of Fi	orlda. I am famillar with,	and accept
Filling Fee Is \$50.00 Due by May 1, 2005  9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS/CHANGES  TITLE MGRM CARPENTER, LINDA R STREET ADDRESS CITY-ST-2P RESTORES HEIGHTS, FL 32656  TITLE MGRM Delete STREET ADDRESS CITY-ST-2P RESTORES CITY-ST-2P RESTORESS CITY-ST-2P RESTORES CITY-ST-2P RESTORESS RE	SIGNATURE							
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES  TITLE MGRM CARPENTER, LINDA R STREET ADDRESS CITY-ST-2P KEYSTONE HEIGHTS, FL 32656 CITY-ST-2P CITY-ST-2P CITY-ST-2P  TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-2P  TITLE MAME STREET ADDRESS CITY-ST-2P  TITLE MAME STREET ADDRESS	ырашия, турео ог римаа латия от гервия са ара	wand the it applicable. (NOTE	E: uedranen	when adms	an Action (analyses)	,	DAIR	
TITLE NAME CARPENTER, LINDA R SIREET ADDRESS CITY-ST-ZIP TITLE MGRM THOMAS, NOEL H 6977 GILDA COURT KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIR	Filing Fee is \$50.00 Due by May 1, 2005							
NAME STREET ADDRESS CITY-ST-ZPP CARPENTER, LINDA R 6977 GILDA COURT KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZPP TITLE NAME STREET ADDRESS CITY-ST-ZPP NEYSTONE HEIGHTS, FL 32656 CITY-ST-ZPP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZPP TITLE NAME STREET ADDRESS	9. MANAGING MEME	BERS/MANAGERS	10.		******	ADDITIONS	/CHANGES	
STREET ADDRESS CITY-ST-ZIP  MGRM THOMAS, NOEL H 6977 GILDA COURT KEYSTONE HEIGHTS, FL 32656  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	ŧ ''	☐ Delete					Change	☐ Addition
CITY-ST-ZIP  MGRM THOMAS, NOEL H 6977 GILDA COURT KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP  TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS	1 (	·						
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	i							
STREET ADDRESS CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	IIILE MGRM						Change	Addition
CITY-ST-ZIP  KEYSTONE HEIGHTS, FL 32656  CITY-ST-ZIP  TITLE NAME STREET ADDRESS		THOMAS, NOEL H						
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			1					
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS					<del></del>		Channa	☐ Addition
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	l l	□ rvelete		Į.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS	<del>-</del>	STREE	T ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	CITY-SI-ZIP		CITY-	ST-ZDP				
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	1	☐ Delete					Change	Addition
CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS	1							
NAME STREET ADDRESS STREET ADDRESS	1			i i				
STREET ADDRESS STREET ADDRESS	πιε	☐ Delete	TITLE				☐ Change	Addition
	1			i i				
■ ··· · · · · · · · · · · · · · · · · ·	1 · · · · · · · · · · · · · · · · · · ·							
TITLE Delete ITILE Change Addition	<b></b>	☐ Dolota				·	Channe	☐ Addition
NAME NAME	1						بو <b>ي</b>	
STREET ADDRESS STREET ADDRESS	I I	<b>*</b>		1				
CITY-ST-ZIP	I CITY-ST-ZIP		= MTV	CT_710 f				

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.

VIATURE NOS 4 Thomas

2-1-05

(352) 478-9356

Daytime Phone #