


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**


**DOCUMENT # L04000016813**

1. Entity Name  
 SYDNEY AND ASSOCIATES, LLC



Principal Place of Business 9444 OLYMPIA FIELDS DR SAN RAMON, CA 94583	Mailing Address 9444 OLYMPIA FIELDS DR SAN RAMON, CA 94583
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**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 20-0800509	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

VOGT, MARC D  
 1270 NORTH EGLIN PARKWAY  
 STE # A15  
 SHALIMAR, FL 32579

**DO NOT WRITE 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 Marc D. Vogt      DATE 4-3-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when creating) DATE

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

U00000882859  
 04/16/08-80057-025 138.75

**D. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WADE, JUDITH 10528 PATRINGTON CT LAS VEGAS, NV 89123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACK, CHRIS 9444 OLYMPIA FIELDS DR LAS VEGAS, NV 89123
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRACK, JEREMY 9444 OLYMPIA FIELDS DR SAN RAMON, CA 94583
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WADE, SEAN 571 W. RINCON AVE CAMPBELL, CA 95008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Chris Brack      DATE 4-3-08      (925) 361-7227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #