2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000029479

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1-23-06

Date

321-229-9461

1. Entity Name SIERRA SOUTH LLC										
Principal Place of Business 5329 CARRICK RD. COCOA, FL 32927		Mailing Address 5329 CARRICK RD. COCOA, FL 32927				r			11/25) 11/1 148)	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01162006	Chg-LLC	CR2E	083 (11/05)	
City & State			City & State		4. FEI Numb	27/65	68	<u> </u>	opplied For lot Applicable	
Zip	Country		Zip Coun		try	5. Certificate	5. Certificate of Status Desired S5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New R	egistered	Agent	
BUCHANAN, RICKY ,*										
5329 CARRICK RD. COCOA, FL 32927			Street Address			ss (P.O. Box Numb	per is Not Acceptable	e) 		
					City			Fi	Zip Co	de
The above named entity submits this statement for the purpose of changing its registered the obligations of projections are registered exect.						stered agent, or be	oth, in the State of Fk			n, 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, 2006							Make check payable to Florida Department of State			
9.		GING MEMBER	RS/MANAGERS	10.		<u> </u>	ADDITIONS	/CHANGE		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM BUCHANAN, RICK 5329 CARRICK RD. COCOA, FL 32927	•	☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete		EET ADDRESS				Change	☐ Addition
CITY-ST-ZIP				_	-ST-ZIP		·		C 05	- Indebitor
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP			☐ Delete					_	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1	li i				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: PLEASURE DAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE