2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 23, 2007 8:00 am Secretary of State 04-23-2007 90367 046 ****50.00 DOCUMENT # L0500002947 9 SIERRA SOUTH LLC 60038605 Principal Place of Business Mailing Address 5329 CARRICK RD. 5329 CARRICK RD. COCOA, FL 32927 COCOA, FL 32927 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-2716568 Not Applicable \$5.00 Additional__ Zip Country Zio Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUCHANAN, RICKY Street Address (P.O. Box Number is Not Acceptable) 5329 CARRICK RD. COCOA, FL 32927 City Zip Code FL 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 tibe if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE Delete TITLE Change ■ Addition BUCHANAN, RICKY NAME NAME STREET ADDRESS 5329 CARRICK RD. STHEET ADDRESS COCOA, FL 32927 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP

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.

321-633-6716

FILED