

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90062 044 ****50.00

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DOCUMENT # L05000074391 1. Entity Name SIERRA LAKES, LLC					
Principal Place of Business 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312 US			Mailing Address 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
95 S Federal Hwy, Ste 200 Boca Raton, FL 33432		95 S Federal Hwy, Ste 200 Boca Raton, FL 33432			
Zip	Country	Zip	Country	02162007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-3576604				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RICHARDSON, JOHN ESQ. 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name _____ Str John J Richardson, Esq 1824 SE 4th Avenue Ci Ft. Lauderdale, FL 33316		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 4/27/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICHARDSON, KENNETH E 3900 SW 30TH AVE., #3 FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	95 S Federal Hwy, Ste 200 Boca Raton, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR BELLIS, NORMAN 3900 SW 30TH AVE., #3 FORT LAUDERDALE, FL 33312		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		MGR ANNECCA, MICHAEL 3900 SW 30TH AVE., #3 FORT LAUDERDALE, FL 33312		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:			DATE 4/27/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

4/27/07 501-869-4300