

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1/1 Feb 16, 2007 8:00 am
Secretary of State

01-19-2007 90065 047 ****50.00

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01082007 Chg-LLC CR2E083 (12/06)

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| DOCUMENT # L06000106444 | | | | | |
| 1. Entity Name SIERRA INTERNATIONAL DRIVE, LLC | | | | | |
| Principal Place of Business 801 NORTH BRAND BOULEVARD, SUITE 1010 GLENDALE, CA 91203-1237 | | | Mailing Address 801 NORTH BRAND BOULEVARD, SUITE 1010 GLENDALE, CA 91203-1237 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 95-2555837 Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent BLODIG, GREGORY J 100 W. CYPRESS CREEK ROAD, SUITE 700 FORT LAUDERDALE, FL 33309 | | | 7. Name and Address of New Registered Agent Name 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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)</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 FREEBERG, DON 801 NORTH BRAND BOULEVARD, SUITE 1010 GLENDALE, CA 912031237 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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 606, Florida Statutes. | | | | | |
| SIGNATURE: <u>Don Freeberg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date: 1/8/07 | | Daytime Phone #: (818) 247-3681 |