File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 99 MAY -3 PH 1:00 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE TALLAHASSE, FLORIDA 1.98000000065 Name and Mailing Address of Limited Liability Company **DOCUMENT #** 1a. Principal Place of Business Address SIERRA IV TRUST, L.C. 321 ROYAL POINCIANA PLAZA 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 PALM BEACH FL 33480 3. Date Organized or Qualified 3a. State of Formation 01/20/1998 FL 2 Principal Place of Business 2a. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 65-0848465 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country \$8.7\$ Additional Fed Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name MAASS, ROBB R 321 ROYAL POINCIANA PLAZA Street Address (P.O. Box Number is Not Acceptable) PAIM BEACH FL 33480 Suite, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. DATE SIGNATURE __ City, State and Zip Code 10. Title Managing Members/Managers **Business Street Address** MGR CALLAWAY, SULANNE S 5298 FAIRFIELD NORTH DUNWOODY GA MGR CALLAWAY GARLOW, JENNI 11050 CRABAPPLE LAKE DRIVE ROSWELL GA 2588 East Madison Mine Duricoon, GA 1 ducin 2871871 -05/11/99--01083--012 ****188.75 ****188.79

11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an

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SIGNATURE