

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90237 035 \*\*\*\*55.00

**DOCUMENT # M01000000445**

1. Entity Name  
**SIERRA COMMUNITIES L.L.C.**

(P)

969814



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**414 GEORGIA AVE  
 FERNANDINA BEACH FL 32034**

**414 GEORGIA AVE  
 FERNANDINA BEACH FL 32034**

2. Principal Place of Business

3. Mailing Address

**117 Centre Street**

**P.O. BOX 498**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 7**

City & State

City & State

**Amelia Island FL**

**Amelia Island FL**

Zip

Country

Zip

Country

**32035**

**USA**

**FL**

**USA**

4. FEI Number **91-1990772**

Applied For

Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISEMAN, ANN MARIE  
 414 GEORGIA AVE  
 FERNANDINA BEACH FL 32034**

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-3-02**  
 DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete  
 NAME **WISEMAN, ANN MARIE**  
 STREET ADDRESS **PO BOX 498**  
 CITY-ST-ZIP **FERNANDINA BEACH FL 32035**

☐ Change ☐ Addition

TITLE **MGRM** ☐ Delete  
 NAME **PRATT, RICHARD** *Remained no longer*  
 STREET ADDRESS **1325 FOURTH AVE SUITE 4000**  
 CITY-ST-ZIP **SEATTLE WA 98101** *Managing member*

☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME  
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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

11. I 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**7-3-02** **904** **277-2646**

CR2E083 (4/02)