## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M0100000445

SIERRA COMMUNITIES L.L.C.



Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90252 025 \*\*\*\*50.00

						COD RE	1803	1					
Principal Place of Business 117 CENTRE STREET STE 7 AMELIA ISLAND FL 32035			P.(	Mailing Address P.O. BOX 498 AMELIA ISLAND FL 32035				I I I I I I I I I I I I I I I I I I I	REIN INS REIGN SKRIN ERSIN BEKI	1 <b>88</b> /11 <b>88</b> 141 <b>8</b> 1	ili Osili sisil I	11 <b>781 6</b> 111 1 <b>88</b> 1	
2. Principal Place of Business			3.	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State			1	City & State			4. FEI Num	nber 91-199077	2		<del></del>		
Zip -		Country		Zip	Coun	try	ಕ್ಷ-೧೭.	5. Certificate of Status Desired \$5.00 Additional Fee Required				ditional	
	6. Name a	and Address of Curren	t Regis	stered Agent	L			7. Name as	nd Address of New F	Registered	Agent		
'						Name							
WISEMAN, ANN MARIE 414 GEORGIA AVE FERNANDINA BEACH FL 32034					Street Address (P.O. Box Number is Not Acceptable)								
FEKI	NANDINA BE	AUH FL 32034											
						City				FL	Zip Cod	le	
	named entity i	submits this statement f red agent.	or the p	ourpose of changing its	registere	ed office or r	egistere	ed agent, or b	ooth, in the State of Fk	orida. I am	amiliar with,	Applied For Not Applicable Additional puired  Code with, and accept  age Addition  age Addition  age Addition  age Addition	
SIGNATURE _	Signature, broad or	printed name of registered agen	t and title	it applicable (NOT)	Renistere	1 Agent signature	a required	when reinstating)		DATE			
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ii. I nereby c	ertiry that the i	information supplied wit	n mis fi	iing goes not quality for	the exer	nption state	a in Sec	ดแอก 119.07(3	ارد), Fiorida Statutes.	i further cer	ury that the i	niormation	

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: SIGNATION MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE