


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Sep 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000002239</b>	
1. Entity Name THE CHEROKEE RANCH OF N.F. LIMITED PARTNERSHIP	

Principal Place of Business 3027 ANDOVER ROAD PENSACOLA, FL 32504	Mailing Address 3027 ANDOVER ROAD PENSACOLA, FL 32504
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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08292006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 6, 2006, Fee will be \$1000.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	GP9900001460	STREET ADDRESS	
NAME	CHEROKEE RANCH PARTNERSHIP	CITY-ST-ZIP	
STREET ADDRESS	3027 ANDOVER ROAD		
CITY-ST-ZIP	PENSACOLA, FL 32504		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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09/06/06 80005-006 900.00

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Alberta L. Shumpert - Alberta L. Shumpert 850-477-8879  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date 9-1-06 Daytime Phone #

General Partner