


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

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

DOCUMENT # A99000002239					
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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3616428	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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			U00000576273 09/06/06-80005-006 900.00	
CITY-ST-ZIP	PENSACOLA, FL 32504				
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CITY-ST-ZIP					
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: <u>Alberta L. Shumpert</u> - Alberta L. Shumpert <u>850-477-8879</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Date <u>9-1-06</u> Daytime Phone #					
<i>General Partner</i>					



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