


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 A
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
---	---

DO NOT WRITE IN THIS SPACE



03162007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3616428	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
 227 SOUTH CALHOUN STREET
 TALLAHASSEE, FL 32301

DO NOT WRITE IN THIS SPACE

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 \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT #	GP9900001460
NAME	CHEROKEE RANCH PARTNERSHIP
STREET ADDRESS	3027 ANDOVER ROAD
CITY-ST-ZIP	PENSACOLA, FL 32504
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000748287
 05/17/07-80063-001 508.75

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

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 4-27-07 (850-4778879)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #