


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Apr 30, 2008 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 - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E003 (10/07)

City & State	City & State	4. FEI Number 59-3616428	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input 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**

7. Name and Address of New Registered Agent

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 the filer, if applicable)

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	000000937120 05/27/08-80038-002 500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: Alberta L. Shumper
Alberta L. Shumper
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **4-28-08** Filing Phone #: **850-477-8879**

STAPLE CHECK HERE