

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 24 P 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L02000030599 1. Entity Name CHEROKEE COVE, LLC					
Principal Place of Business 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210			Mailing Address 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210		
2. Principal Place of Business - No P.O. Box # 5851 TIMUGUANA RD		3. Mailing Address 5851 TIMUGUANA RD		04202007 Chg-LLC CR2E083 (12/06)	
Suite, Apt., etc. 301		Suite, Apt., etc. 301			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 04-3735593	
Zip 32210		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ATLEE, KENYON S 4501 BEVERLY AVENUE JACKSONVILLE, FL 32210			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5851 TIMUGUANA RD Ste 301 City JACKSONVILLE FL Zip Code 32210		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ATLEE, KENYON S 5213 ORTEGA OAKS LN JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr KENDALE G.P. INC 5851 TIMUGUANA RD. Ste 301 JACKSONVILLE FL 32210	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CRISP, DALE K 5108 HARBOR PT. CIR. JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 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: <u><i>Kenyon S Atlee</i></u> Kenyon S Atlee <u>4-25-07</u> <u>904-384-6964</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					