

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A28421**

1. Entity Name

**CHEROKEE PROPERTIES, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 27 AM 3:05

Principal Place of Business

6161 TURNER LAKE ROAD  
COVINGTON GA 30014

Mailing Address

6161 TURNER LAKE ROAD  
COVINGTON GA 30014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1797530**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KNAPP, PATRICIA**

**1128 ROYAL PALM BEACH BLVD., #331  
ROYAL PALM BEACH FL 33411**

Name

**STEPHANIE LANGSTON**

Street Address (P.O. Box Number is Not Acceptable)

**864 GARDENIA DRIVE**

City

**ROYAL PALM BEACH**

**FL**

Zip Code  
**33411**

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.

SIGNATURE *Stephanie Langston*

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

*04/02/00*

DATE

9. Capital Contributions  
as Shown on record.

**\$188,273.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **P23877**  
NAME **ROCKDALE INVESTMENT CO.**  
STREET ADDRESS **6161 TURNER LAKE ROAD**  
CITY - ST - ZIP **COVINGTON GA 30014**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
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 exemption stated in Section 119.07(3)(i), 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: *Stephanie Langston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**STEPHANIE LANGSTON**

Date

*04/02/00*  
Daytime Phone #

CR2E003 (9/93)