

2002 UNIFORM BUSINESS REPORT (UBR)

0020732 SP

DOCUMENT # **A28421**

1. Entity Name

CHEROKEE PROPERTIES, LTD.

FILED

02 JAN 14 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

6161 TURNER LAKE ROAD
COVINGTON GA 30014

Mailing Address

6161 TURNER LAKE ROAD
COVINGTON GA 30014

2. Principal Place of Business

8238 FAIRWAY DRIVE

Suite, Apt. #, etc.

3. Mailing Address

8238 FAIRWAY DRIVE

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

COVINGTON, GA.

City & State

COVINGTON, GA.

4. FEI Number

58-1797530

Applied For

Not Applicable

Zip

Country

30014

USA

Zip

Country

30014

USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANGSTON, STEPHANIE

864 GARDENIA DRIVE

ROYAL PALM BEACH FL 33411

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.

SIGNATURE

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

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

8238 FAIRWAY DRIVE

CITY-ST-ZIP

COVINGTON, GA. 30014

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

300004778993--5

01/16/02 01004 013

******526.25 ****526.25**

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

1-11-02 770786-5201

Date

Daytime Phone #

CR2E003 (9/01)