


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 05 FEB 14 AM 10:20

DOCUMENT # A28421		
1. Entity Name CHEROKEE PROPERTIES, LTD.		

Principal Place of Business 8238 FAIRWAY DRIVE COVINGTON GA 30014	Mailing Address 8238 FAIRWAY DRIVE COVINGTON GA 30014
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1ST MOORE CR2E003 (10/04)

4. FEI Number **58-1797530** Applied For ☐ Not Applicable

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 <b>Timothy Kendall</b> Street Address (P.O. Box Number is Not Acceptable) <b>5414 Georgia Ave.</b> City <b>West Palm Beach, FL</b> Zip Code <b>33405</b>	
---	--	---	--

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 *[Signature]* DATE **1/25/05**

9. Capital Contributions as Shown on record: \$188,273.00	10. Amount of Capital Contributions in FLORIDA to date.
---	---

11. FILE NOW!!! Due by May 1, 2005.  
 See Block 11 instructions for fee info.

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P23877 ROCKDALE INVESTMENT CO. 8238 FAIRWAY DRIVE COVINGTON GA 30014	STREET ADDRESS CITY-ST-ZIP	100046850941 02/18/05--01004--022 ***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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

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: *[Signature]* **J. T. MOORE** 1-19-05 707865201

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

STAPLE CHECK HERE