

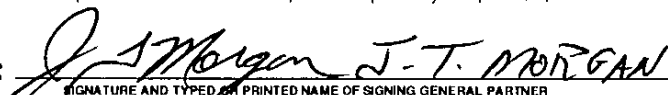


FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A28421 1. Entity Name CHEROKEE PROPERTIES, LTD.				FILED Feb 12, 2007 08:00 AM Secretary of State	
Principal Place of Business 8238 FAIRWAY DRIVE COVINGTON GA 30014		Mailing Address 8238 FAIRWAY DRIVE COVINGTON GA 30014			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E003 (10/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 58-1797530	
City & State		City & State		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 KENDALL, TIMOTHY 5414 GEORGIA AVE. WEST PALM BEACH FL 33405				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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				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	000000633172 02/21/07-80050-022 500.00
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				2-8-07 770 786 5201 Date Daytime Phone #	