## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

CHECK

SIGNATURE:

## TAI LAHASSEE, FLORIDA DOCUMENT # A28421 1. Entity Name ORMAR II PM 1:06 CHEROKEE PROPERTIES, LTD. Principal Place of Business Mailing Address 8238 FAIRWAY DRIVE 8238 FAIRWAY DRIVE COVINGTON, GA 30014 COVINGTON, GA 30014 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02182008 Chg-LP CR2E003 (12/06) - City & State City & State 4. FEI Number Applied For 58-1797530 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENDALL, TIMOTHY ... 3676 COLLIN DR. SUITCIO-11 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33405-City 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 Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY P23877 DOCUMENT # STREET ADDRESS NAME ROCKDALE INVESTMENT CO. **400119244004** 03/03/08--01004--011 \*\*500.00 STREET ADDRESS 8238 FAIRWAY DRIVE CITY-ST-ZIP CITY-ST-ZIP COVINGTON, GA 30014 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP\* DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-Zip CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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:

AME DE CHANGE GENERAL PARTNER

SECRETARY OF STATE