2000	UNIFORM BUS	SIN	ESS REPO	RŢ	(UBR)		7 996 - 16. 1 - 1 4 - 4		1		
DOCUMENT # A9900002199 1. Entity Name							FILED				
CHERRY INVESTMENTS, LTD.						00 APR -6 PM 3: 42					
Principal Place of Business Mailing Address						-	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
4402 B-	rookwood Drive					{					
-	FL 33629										
2. Principal Place of Business			3. Mailing Address			_					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. FEI Number Applied For 59–3615318 Not Applied by Applied For Applied For Not Applied For Applied For Not Applied For Not Applied Not Applied For Not Applied For Not Applied For Not Applied Not Not Applied For Not Applied Not Applied For Not Applied For Not Applied Not Applied For				Applied For Not Applicable	
Zip	Country		Zip	Cour	otry		of Status Desired		\$8.75 Fee Re	Additional quired	
6. Name and Address of Current Registered Agent					-Name	7. Name and	Address of New Reg	gistered .	Agent		
Carole S. Cherry 4402 Brookwood Drive Tampa, FL 33629					Street Address (P.O. Box Number is Not Acceptable)						
rampa,	16 33023										
 _					City			FL	. Zip	Code	
SIGNATURE .	named entity submits this statement Signature, typed or printed name of registered age			E: Registere	d Agent signature requ	uired when reinstating)	11: MAKE CHECK	DATE	TO BE		
as Shown		Z THAT	in FLORIDA to d	late.	:	\$99 ISTERED AND A	SEE REVERSE	SIDE FO	R FEE II		
	NOTE: General Partners I	AAY NO	OT be changed on t	he form			d to change a gen	eral par	tner.		
DOCUMENT #	GENERAL PARTN A99000002199	IER INFO	DRMATION	13.			ADDRESS CHAN	IGES ON	<u></u>		
NAME	Carole S. Cherry			STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	4402 Brookwood Drive			CITY	-ST-ZIP						
DOCUMENT #	Tampa, FL 33629				EET ADDRESS	3	3000032230432 -04/25/0001059024 ****141.25 ****141.25				
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		来来来1	11. <i>6</i> 5	- 7.70	<u> </u>	
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STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP						
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CITY-ST-ZIP				CITY	-ST-ZIP						
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STREET ADDRESS City-ST-Zip				CITY	-ST-ZIP						
DOCUMENT #				STRE	ET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		·		L	-ST-ZIP						
14. I hereby of indicated the receive	ertify that the information supplied w on this report is true and accurate ar er or trustee empowered to execute	rith this f nd that r this repo	illing does not qualify fo ny signature shall have ort as required by Chap	r the exe the same ter 620, I	mption stated in e legal effect as Florida Statutes	Section 119.07(3)(i if made under oath;), Florida Statutes. I fo that I am a General f	urther cer Partner of	tify that the limit	the information led partnership or	