


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000011921</b> 1. Entity Name <b>CHEETAH, L.L.C.</b>	
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Principal Place of Business <b>% SOUTHSTAR DEVELOPMENT PARTNERS, INC. 255 AHLAMBRA CIRCLE, SUITE 312 CORAL GABLES, FL 33134</b>	Mailing Address <b>% SOUTHSTAR DEVELOPMENT PARTNERS, INC. 255 AHLAMBRA CIRCLE, SUITE 312 CORAL GABLES, FL 33134</b>
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01252005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1045566</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>B&amp;C CORPORATE SERVICES OF CENTRAL FL, INC. 390 N. ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BENSON, NATHAN D 448 VIKING DR., STE. 220 VIRGINIA BEACH, VA 23452
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOTTLIEB, RAYMOND L 448 VIKING DR., STE. 220 VIRGINIA BEACH, VA 23452
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<p>1100000275111 03/24/05-80040-009 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_