


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90129 038 ****50.00

DOCUMENT # L02000004986 1. Entity Name THE CHEYENNE SOCIAL CLUB, LLC					
Principal Place of Business 2474 EAST IRLO BRONSON BLVD. KISSIMMEE, FL 34744-4941			Mailing Address P.O. BOX 420521 KISSIMMEE, FL 34742		
2. Principal Place of Business 2474 East Irlo Bronson Suite, Apt. #, etc. Memorial Hwy			3. Mailing Address Suite, Apt. #, etc.		
City & State Kissimmee, FL			City & State		
Zip 34744		Country USA		4. FEI Number 16-1647312	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRIEDMAN, MARTIN S ROSE, SUNDSTROM & BENTLEY LLP 2548 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Sandalwood Center 2180 W. State Road 434, Suite 2118 City Longwood State FL Zip Code 32779	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALLEN, DONNA L 1403 GRANDVIEW BLVD. KISSIMMEE, FL 34744 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 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: <u>Donna L. Allen</u>			Date <u>2-1-06</u> Daytime Phone # _____		