

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006205

FILED  
May 03, 2006  
Secretary of State

Entity Name: CHEROKEE TRACE, L.L.C.

**Current Principal Place of Business:**

10925 N PEELER PT  
CRYSTAL RIVER, FL 34428 US

**New Principal Place of Business:**

**Current Mailing Address:**

10925 N PEELER PT  
CRYSTAL RIVER, FL 33535 US

**New Mailing Address:**

10925 PEELER PT.  
CRYSTAL RIVER, FL 34428 US

FEI Number: 75-3031507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

GASSMAN, ALAN S ESQ.  
10925 PEELER PT.  
SUITE 102  
CRYSTAL RIVER, FL 34428 US

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.

SIGNATURE:

05/03/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BOHNSACK, ROBERT  
Address: 10925 N PEELER PT  
City-St-Zip: CRYSTAL RIVER, FL 34428 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT BOHNSACK

MGR

05/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date