


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90036 004 ****50.00

DOCUMENT # L02000012727 1. Entity Name CHERRYWOOD COVE, LLC					
Principal Place of Business 7621 GRANVILLE DRIVE TAMARAC, FL 33321 US			Mailing Address 150 EAST 69TH STREET APARTMENT 4M NEW YORK, NY 10021 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 27-0014237			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
STOLLER, MILDRED 7621 GRANVILLE DRIVE TAMARAC, FL 33321			Name STOLLER, STEVEN H		
			Street Address (P.O. Box Number is Not Acceptable) 7621 GRANVILLE DRIVE, UNIT 111, BLDG D		
			City TAMARAC FL Zip Code 33321		
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 <u><i>Steven H. Stoller</i></u> 7/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STOLLER, STEVEN H 150 EAST 69TH STREET, APARTMENT 4M NEW YORK, NY 10021 <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 exemption stated in Section 119.07(3)(i), 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><i>Steven H. Stoller</i></u> 7/28/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					