## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L02000028054

1. Entity Name CHERNEY PROPERTIES, LLC



Principal Place of Business

Mailing Address

13833 E-4 WELLINGTON TERRACE, PMB #127 WELLINGTON, FL 33414

13833 E-4 WELLINGTON TERRACE, PMB #127 WELLINGTON, FL 33414

FILED
May 03, 2004 08:00 AM
- Secretary of State



04302004 No Chg-LLC

\_\_CR2E083 (10/03)

4. FEI Number 41-2066547 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CHERNEY, ALAIN 13833 E-4 WELLINGTON TERRACE WELLINGTON. FL 33414

## DO NOT WRITE IN THIS SPACE

WEEE, NOTON, 12 30414		IN T	IN THIS SPACE	
	a named entity submits this statement for the purpose of chartions of registered agent.	Its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE_Registered Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHERNEY, ALAIN 13833 E-4 WELLINGTON TERRACE WELLINGTON, FL 33414		U00000150774 05/04/04-80020-005 50.00	
TITLE NAME STREET ADDRESS CRY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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: LOW U. Cherney
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-20-04

3932

Daytime Phone #