## 2008 LIMITED LIABILITY COMPANY

## FILED Apr 25, 2008 8:00 am

		ANNOAL	Secretary or State								
DOCUMENT # L03000023088								04-25-2008	-		
NORTHFORK CHEROKEE INVESTMENT COMPANY, LLC											
Principal Plac	ce of Busines	ş	Mailing Address				60030000				
1914 ART MUSEUM DR.			1914 ART MUSEUM DR.			ŀ	60028682				
JACKSONVIL	LE, FL 3220	)7	JACKSONVILLE, FL 32207			Ì		1			
								<b>                                    </b>			
2. Principal I	Place of Busir	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03272008	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			4. FEI Number Applied For 20-0056372 Not Applicable				t Applicable	
Zip		Country Zip Country			itry	5. Certificate of Status Desired \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent				
TROUP H	(FVIN I				Name	Lewis Peri Ritter IV					
TROUP, KEVIN L 1914 ART MUSEUM DR.					Street A	ddress (F	O. Box Numl	per is Not Acceptable	)		
JACKSONVILLE, FL 32207						Λ.	M	N*a			
						HA	Musei	<u>um Drive</u>			
City J							mille		F	L   Zip Sign	DIF
			the purpose of changing its	register	ed office o	r registere	ed agent, or b	oth, in the State of Flo	rida. I ar	n familiar with,	and accept
the obliga	ations of regis	tered agent.	L -1 . Oa	-11				4/10	Ind.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE											
	organization, types	To prillod lattle or registered again a	THE UNIT APPRICADE. (140)	L. Clogistere	- Agent algrica	are required	W. C. 10. C. C. C.	<u> </u>	DAIL		···
FIL After Ma			Make check payable to Florida Department of State				9				
9.		MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS/	CHANGE	ES .	
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NAME	TROUP,		,		NAME (A		m Hybui	N. N. Sug			
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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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Lewis Coul PHETT LEWIS COULE PRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE