


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90019 014 \*\*\*\*50.00

<b>DOCUMENT # L03000044947</b>	
1. Entity Name <b>CHEER KRAZI LLC</b>	

Principal Place of Business <b>107 SOUTH MAIN STREET AUBURDALE, FL 33823</b>	Mailing Address <b>107 SOUTH MAIN STREET AUBURDALE, FL 33823</b>
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**20037837**



2. Principal Place of Business <b>315 Magnolia Ave</b>	3. Mailing Address <b>315 Magnolia Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04122005 Chg-LLC CR2E083 (10/03)

City & State <b>Auburndale, Florida</b>	City & State <b>Auburndale, Florida</b>
Zip <b>33823</b>	Zip <b>33823</b>
Country <b>USA</b>	Country <b>USA</b>

4. FEI Number <b>11-3708118</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CANCINO, RHONDA W 1533 AUBURN OAKS CIRCLE AUBURDALE, FL FL</b>
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7. Name and Address of New Registered Agent Name <b>APRIL Stone</b> Street Address (P.O. Box Number is Not Acceptable) <b>217 GREEN STREET</b> City <b>Auburndale</b> FL Zip Code <b>33823</b>
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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 <b>Rhonda Cancino April Stone</b>	DATE <b>4/12/05</b>

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STONE, APRIL L 217 GREEN STREET AUBURDALE, FL 33823 <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
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
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:** **Rhonda Cancino April Stone** **4/12/05** **863-965-4481**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #