## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## FILED Apr 20, 2006 08:00 AN Secretary of State DOCUMENT # L04000027053 CHEROKEE SERVICES, LLC Principal Place of Business Mailing Address **1815 CAROLINA AVENUE** 1815 CAROLINA AVENUE ORMOND BEACH, FL 32174 US ORMOND BEACH, FL 32174 01112006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1011268 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHERRICK, DAVID S DO NOT WRITE 1815 CAROLINA AVENUE ORMOND BEACH, FL 32174 IN THIS SPACE 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 registe 4-17-06 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TOF NAME CHERRICK, DAVID S 1815 CAROLINA AVENUE STREET ADDRESS CXTY-ST-ZIP ORMOND BEACH, FL 32174 U00000520597 05/02/06-80098-018 50.00 TITLE NAME STREET ADDRESS CITY-51-78 BTLE STREET ADDRESS DO NOT WRITE CITY-ST-78P IN THIS SPACE TITLE NAME STREET ADDRESS CNTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #