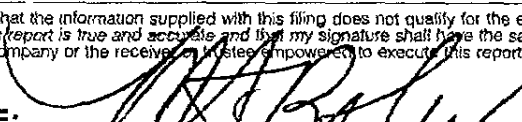


FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000039065		Mar 15, 2006 08:00 AM	
1. Entity Name 835 CHENEY, LLC			
Principal Place of Business 1055 CHENEY HIGHWAY TITUSVILLE, FL 32780		Mailing Address 1055 CHENEY HIGHWAY TITUSVILLE, FL 32780	
DO NOT WRITE IN THIS SPACE			
		01052006 No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-2173435	
		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent BAKER, MICHELLE A 1055 CHENEY HIGHWAY TITUSVILLE, FL 32780		DO NOT WRITE IN THIS SPACE	
9. 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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
Filing Fee is \$50.00 Due by May 1, 2006		03/23/06-80024-011 50.00	
10. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		MGRM BAKER, MICHELLE A 1055 CHENEY HIGHWAY TITUSVILLE, FL 32780	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
DO NOT WRITE IN THIS SPACE			
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.			
SIGNATURE: 		Date: _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE		Daytime Phone # _____	