2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 05, 2005 8:00 am Secretary of State DOCUMENT # L04000052902 04-05-2005 90009 021 ****50.00 CHENEYHATCHEE, LLC Principal Place of Business Mailing Address 200 AVENUE B. NW. P.O. BOX 194 WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03302005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable 51-0519938 Country \$5.00 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STRANG, CARL J JR. Street Address (P.O. Box Number is Not Acceptable) 200 AVENUE B, NW, WINTER HAVEN, FL 33880 ٠. City Zip Code 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 Signature, typed or priviled name of registered agent and tile 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE 7,5 Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE Delete TITLE ☐ Change Addition MGR_M NAME NAME STREET ADDRESS STREET ADDRESS Carl J. Strang, Jr. CITY-ST-ZIP CITY-ST-ZIP P.-O.Box 194, Winter Haven, FL33882 TITLE Delete TITLE MGR Foy Strang Gary NAME NAME 2757 Millbrook Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 35243-2009 Birmingham, AL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of ill made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes. SIGNATURE: Carl J. Strang, Jr. JW. (SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR

FILED

<u>3/30/05 863-299-1195</u>