

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052902

Entity Name: CHENEYHATCHEE, LLC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

200 AVENUE B, NW,  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 194  
WINTER HAVEN, FL 33880

## New Mailing Address:

P.O. BOX 194  
WINTER HAVEN, FL 33882

FEI Number: 51-0519938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRANG, CARL J JR.  
200 AVENUE B, NW,  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

STRANG, CARL J JR.  
200 AVENUE B, NW, STE 210  
WINTER HAVEN, FL 33883 US

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.

SIGNATURE:

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: STRANG, CARL J  
Address: P.O. BOX 194  
City-St-Zip: WINTER HAVEN, FL 33882

Title: MGR ( ) Delete  
Name: STRANG, GARY F  
Address: 2757 MILLBROOK RD  
City-St-Zip: BIRMINGHAM, AL 352432009

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STRANG, CARL J  
Address: 200 AVENUE B, NW STE 210  
City-St-Zip: WINTER HAVEN, FL 33883

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CARL J STRANG, JR

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date