

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90428 012 ****50.00

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01172005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000069844 1. Entity Name CHERRY INVESTMENT PROPERTIES, LLC					
Principal Place of Business 1612 JEFFERSON AVENUE, #404 MIAMI BEACH, FL 33139			Mailing Address 1612 JEFFERSON AVENUE, #404 MIAMI BEACH, FL 33139		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 666 71 STREET Suite, Apt. #, etc.			
City & State Zip Country		City & State MIAMI BEACH, FL Zip Country 33141 USA		4. FEI Number 20-1699191 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent BOTSFORD, BRUCE BOTSFORD & WHITE, LLC 3595 SHERIDAN STREET, SUITE 208 HOLLYWOOD, FL 3			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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	MGRM SERURE, JACOB 1612 JEFFERSON AVENUE, #404 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROUNICK, JASON 1612 JEFFERSON AVENUE, #404 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: Date: 3/20/05		