

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2006 8:00 am
Secretary of State

03-30-2006 90193 040 ****50.00

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1. Entity Name
CHERRY LANE, LLC



Principal Place of Business
207 SW 129TH TERRACE
NEWBERRY, FL 32669 US

Mailing Address
207 SW 129TH TERRACE
NEWBERRY, FL 32669 US

2. Principal Place of Business
12921 SW 1st Road
Suite, Apt. #, etc.
117

3. Mailing Address
207 SW 129 Terrac
Suite, Apt. #, etc.

City & State
Tioga FL
Zip 32669 Country USA

City & State
Tioga FL
Zip 32669 Country USA

03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2618741

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DENAULT, JENNIFER
207 SW 129TH TERRACE
NEWBERRY, FL 32669

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME DENAULT, JENNIFER E ☐ Delete
STREET ADDRESS 207 SW 129TH TERRACE
CITY-ST-ZIP NEWBERRY, FL 32669

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM
NAME Roland Denault ☐ Change ☒ Addition
STREET ADDRESS 207 SW 129 Terrac
CITY-ST-ZIP Newberry FL 32669

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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.

SIGNATURE:

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

Date

Daytime Phone #

Jennifer Denault

March 28 2006 352 331-7815