## 2008 LIMITED LIABILITY COMPANY-

## FILED ANNUAL REPORT May 06, 2008 08:00 AN Secretary of State **DOCUMENT # L05000028598** 1. Entity Name CHERRY LANE, LLC Mailing Address Principal Place of Business 207 SW 129TH TERRACE 12921 SW 1ST RD NEWBERRY, FL 32669 NEWBERRY, FL 32669 CR2E083 (12/07) 05052008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2618741 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DENAULT, JENNIFER 207 SW 129TH TERRACE NEWBERRY, FL 32669 IN THIS SPACE 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 signsture required when reinstating) FILE NOW!!! FEE 18 \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited Due by September 12, 2008 liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS TITLE MGRM NAME DENAULT, JENNIFER E 207 SW 129TH TERRACE STREET ADORESS CITY-ST-ZIP NEWBERRY, FL 32669 TITLE **MGRM** 06/03/08-80004-017 138.75 NAME DENAULT, ROLAND STREET ADDRESS 207 SW 129 TERR CITY-ST-ZIP NEWBERRY, FL 32669 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 eath; that I am a managing member or manager of the limited liability company/or the receiver or manager of the execute this report as required by Chapter 608, Florida Statutes.