## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT # L05000031168



**FILED** Mar 23, 2006 8:00 am Secretary of State

1. Entity Name CHERRY RIDGE DRIVE INVESTMENTS, LLC						03-23-2006 9	0207 007	30.	
Principal Place of Business Mailing Address									
1637 CHERRY RIDGE DR. HEATHROW, FL 32746		1637 CHERRY RIDGE DR. HEATHROW, FL 32746							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03122006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State		4. FEI Numb	-31778	397	<del></del>	pplied For ot Applicable	
Zip	Country	Zip Country		гу	5. Certificate	e of Status Desired		\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
TANNLER, CHRISTIE L				Name					
1637 CHERRY HEATHROW,	Y RIDGE DR.	Street Ad		Street Address (	P.O. Box Numb	per is Not Acceptabl	e)		
				City			FL	Zip Cod	е
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.								and accept	
SIGNATURE -2	ature, typed or printed name of registered agent an	d little if annicable (NOTE	- Recustered	I Agent signature requirec	f when reinstatings		DATE		
					•			* . ]	
Filing Fee is \$50.00 Due by May 1, 2006							ke check p a Departm		<b>3</b>
9.	MANAGING MEMBER								
	WATER TO THE PROPERTY OF THE P	S/MANAGERS	10.	. ,		ADDITIONS	/CHANGES		
	GRM	S/MANAGERS  Delete	TITLE	l.		ADDITIONS	/CHANGES	☐ Change	Addition
NAME TA	GRM ANNLER, CHRISTIE		TITLE NAME	l.		ADDITIONS	/CHANGES		Addition
NAME TA STREET ADDRESS 16	GRM		TITLE NAME STREE			ADDITIONS	/CHANGES		☐ Addition
NAME TA STREET ADDRESS 16 CITY-ST-ZIP HE	GRM ANNLER, CHRISTIE 337 CHERRY RIDGE DRIVE		TITLE NAME STREE	ET ADDRESS ST-ZIP		ADDITIONS	/CHANGES		Addition
NAME TA STREET ADDRESS 16 CITY-ST-ZIP HE TITLE NAME	GRM ANNLER, CHRISTIE 337 CHERRY RIDGE DRIVE	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	ET ADDRESS S1-ZIP		ADDITIONS	/CHANGES	Change	
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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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE