


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90140 019 ****50.00

DOCUMENT # L05000041759 1. Entity Name CHERYL EBY REAL ESTATE, LLC					
Principal Place of Business 10425 OWRY LANE LAKE PORT, FL 33471 US				Mailing Address 10425 LOWRY LANE LAKE PORT, FL 33471 US	
2. Principal Place of Business 528 E. Sugarland Hwy.		3. Mailing Address 528 E. Sugarland Hwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Clewiston, FL		City & State Clewiston, FL		4. FEI Number 20-2748941	
Zip 33440		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 33440		Country USA		6. Name and Address of Current Registered Agent EBY, CHERYL L 10425 LOWRY LANE LAKE PORT, FL 33471	
City & State Clewiston, FL		7. Name and Address of New Registered Agent Name Cheryl L. Eby Street Address (P.O. Box Number is Not Acceptable) 528 E. Sugarland Hwy. City Clewiston FL Zip Code 33440			
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 <u><i>Cheryl L. Eby</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-18-06</u>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EBY, CHERYL L 10425 LOWRY LANE LAKE PORT, FL 33471	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EBY, CHERYL L. 528 E. Sugarland Hwy Clewiston, FL 33440	
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Cheryl L. Eby</i></u> <u>1/18/06</u> <u>863-983-8559</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					