


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90173 021 \*\*\*\*50.00

<b>DOCUMENT #</b> L05000043202	
<b>1. Entity Name</b> CHEYENNE MCDONALD LLC	

<b>Principal Place of Business</b> 811 PINELLI ST ORLANDO, FL 32803	<b>Mailing Address</b> 811 PINELLI ST ORLANDO, FL 32803
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<b>2. Principal Place of Business - No P.O. Box #</b> 1302 E 1st Street	<b>3. Mailing Address</b> 1302 E 1st Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Apopka, FL	<b>City &amp; State</b> Apopka, FL
<b>Zip</b> 32703	<b>Zip</b> 32703
<b>Country</b> USA	<b>Country</b> USA

40115080



05122007 Chg-LLC CR2E083 (12/06)

<b>4. FEI Number</b> 59-4121891	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MCDONALD, CHEYENNE 811 PINELLI ST ORLANDO, FL 32803
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<b>7. Name and Address of New Registered Agent</b>  Name: Cheyenne M <sup>s</sup> Donald Street Address (P.O. Box Number is Not Acceptable): 1302 E 1st Street City: Apopka FL Zip Code: 32703
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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 reappointing) DATE: \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by September 14, 2007</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> MGR	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MCDONALD, CHEYENNE		<b>NAME</b>	
<b>STREET ADDRESS</b> 811 PINELLI ST		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> ORLANDO, FL 328103		<b>CITY - ST - ZIP</b>	
<b>TITLE</b> MGRM	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MCDONALD, CHRISTOPHER		<b>NAME</b>	
<b>STREET ADDRESS</b> 811 PINELLI ST		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b> ORLANDO, FL 328103		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

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.

<b>SIGNATURE:</b> 	<b>Date:</b> 5-11-07	<b>Daytime Phone #:</b> 407-968-3874
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		

Cheyenne C.R. M<sup>s</sup> Donald