

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053183

FILED
Apr 05, 2006
Secretary of State

Entity Name: CHENEY FAMILY ENTERPRISES, L.L.C.

Current Principal Place of Business:

154 INDIAN BAYOU DRIVE
DESTIN, FL 32541

New Principal Place of Business:

708 HARBOR LANE
DESTIN, FL 32541

Current Mailing Address:

154 INDIAN BAYOU DRIVE
DESTIN, FL 32541

New Mailing Address:

708 HARBOR LANE
DESTIN, FL 32541

FEI Number: 20-2939644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAVENS, JASON E
4400 E. HIGHWAY 20
SUITE 211
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHENEY, JOHNY L JR
Address: 1311 DILLARD STREET
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM () Delete
Name: COX, DIANNA J
Address: 708 HARBOR LANE
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: CHENEY, MICHEAL R
Address: 4065 INDIAN BAYOU N.
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANNA J COX

MGRM

04/05/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date