

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056692

FILED
May 06, 2006
Secretary of State

Entity Name: CHERI ENTERPRISES, LLC

Current Principal Place of Business:

1071 GROVE DRIVE
NAPLES, FL 34120 US

New Principal Place of Business:

2645 FISHTAIL PALM CT
NAPLES, FL 34120 US

Current Mailing Address:

1071 GROVE DRIVE
NAPLES, FL 34120 US

New Mailing Address:

2645 FISHTAIL PALM CT
NAPLES, FL 34120 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRAWLAW, LLC
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135 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: BROGAN, JEFFREY
Address: 1071 GROVE DRIVE
City-St-Zip: NAPLES, FL 34120 US

Title: MRGM () Delete
Name: CHERI, NANCY
Address: 1071 GROVE DRIVE
City-St-Zip: NAPLES, FL 34120

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BROGAN, JEFFREY
Address: 2645 FISHTAIL PALM CT
City-St-Zip: NAPLES, FL 34120 US

Title: MRGM (X) Change () Addition
Name: CHERI, NANCY
Address: 2645 FISHTAIL PALM CT
City-St-Zip: NAPLES, FL 34120

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: JEFFREY BROGAN

MRGM

05/06/2006

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