
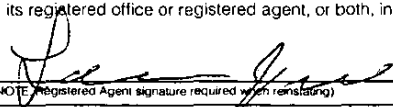



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90036 028 ****50.00

DOCUMENT # L05000060756 1. Entity Name CHEROKEE PARTNERS LLC					
Principal Place of Business 6320 TRAIL BLVD. NAPLES, FL 34108			Mailing Address 6320 TRAIL BLVD. NAPLES, FL 34108		
2. Principal Place of Business - No P.O. Box # 9485 Gulfshore Drive Suite, Apt. #, etc.		3. Mailing Address 9485 Gulfshore Drive Suite, Apt. #, etc.			
City & State Naples, FL		City & State Naples, FL		4. FEI Number 20-3029392	
Zip 34108		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KRASKA, KATE 6320 TRAIL BLVD. NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Lawrence J. Salters Street Address (P.O. Box Number is Not Acceptable) 9485 Gulfshore Drive City Naples FL Zip Code 34108		
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>LAWRENCE J. SALTERS</u>  <u>4/12/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRASKA, KATE <input checked="" type="checkbox"/> Delete 6320 TRAIL BLVD. NAPLES, FL 34108		TITLE NAME STREET ADDRESS CITY-ST-ZIP	manager Lawrence J. Salters <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9485 Gulfshore Drive Naples, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: LAWRENCE J. SALTERS  <u>4/12/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small>					