


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 17, 2008 8:00 am**  
**Secretary of State**

03-17-2008 90265 031 \*\*\*143.75

<b>DOCUMENT # L05000073393</b> 1. Entity Name <b>CHEROKEE PARK #1, LLC</b>					
Principal Place of Business <b>1905 MORRILL STREET SARASOTA, FL 34236</b>			Mailing Address <b>1905 MORRILL STREET SARASOTA, FL 34236</b>		
2. Principal Place of Business - No P.O. Box # <b>1925 Isaac Newton Square East</b>		3. Mailing Address <b>1925 Isaac Newton Square East</b>			
Suite, Apt. #, etc. <b>#180</b>		Suite, Apt. #, etc. <b>#180</b>			
City & State <b>Reston, VA</b>		City & State <b>Reston, VA</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>20190</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
Zip <b>20190</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>HANAN, BENJAMIN R 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b>		Zip Code <b>FL</b>			
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 reinstating)					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOSAQUE DEVELOPMENT, LLC 1943 MORRILL STREET SARASOTA, FL 34236</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM mosaïque Development, LLC 1925 Isaac Newton Square East, #180 Reston, VA 20190</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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>3/13/08 703-674-1699</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	