2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Feb 27, 2006 8:00 am Secretary of State **DOCUMENT # L05000080739** 1. Entity Name 02-27-2006 90419 028 ****50.00 CHEROKEE POINTE, LLC Principal Place of Business Mailing Address 801 GLEN ABBEY WAY P.O. BOX 410558 20010616 MELBOURNE, FL 32941 MELBOURNE, FL 32901 Principal Place of Busines 3. Mailing Address <u>910</u> 82na Suite, Apt. #, etc. uite. Apt. #. etc 01112006 Chg-LLC CR2E083 (11/05) Applied For City, & State 4. FEI Number 20en) Not Applicable \$5.00 Additional 5. Certificate of Status Desired dean River Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARKIN, DAVID G Street Address (P.O. Box Number is Not Acceptable) 1900 S. HICKORY STREET, SUITE A MELBOURNE, FL 32901 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Addition TITLE ☐ Delete Change HALEY, JOHN NAME NAME 82nd Ave, Ste 202 STREET ADDRESS 645 CLASSIC COURT STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-7IP CITY-ST-ZIP MGRM ☐ Addition TITLE ☐ Delete TITLE ADAMS, JIM 1910 82nd Ave Ste 202 STREET ADDRESS 126 43RD AVENUE SW STREET ADDRESS CITY-ST-7IP VERO BEACH, FL 32968 CITY-ST-7IP 1ero Beach MCRU MGRM Addition TITLE TITLE □ Delete NAME NAME Southern Investments Southern I STREET ADDRESS STREET ADDRESS 1910 82nd Ave CITY-ST-ZIP CITY-ST-ZIP ☐ Detete THILE 🗋 Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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** RE AND TYPED OR PRINTED NAM OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

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