

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90173 049 ***138.75

DOCUMENT # L05000080739

1. Entity Name
CHEROKEE POINTE, LLC



Principal Place of Business
 1910 82ND AVE
 SUITE 202
 VERO BEACH, FL 32966

Mailing Address
 1910 82ND AVE
 SUITE 202
 VERO BEACH, FL 32966

60015576



DO NOT WRITE IN THIS SPACE

02012008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
 20-3318934

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LARKIN, DAVID G
 1900 S. HICKORY STREET, SUITE A
 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
 NAME: HALEY, JOHN
 STREET ADDRESS: 1910 82ND AVE SUITE 202
 CITY-ST-ZIP: VERO BEACH, FL 32966

TITLE: MGRM
 NAME: ADAMS, JIM
 STREET ADDRESS: 1910 82ND AVE SUITE 202
 CITY-ST-ZIP: VERO BEACH, FL 32966

TITLE: MGRM
 NAME: SOUTHERN INVESTMENTS
 STREET ADDRESS: 1910 82ND AVE SUITE 202
 CITY-ST-ZIP: VERO BEACH, FL 32966

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

DO NOT WRITE IN THIS SPACE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #