


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90068 026 \*\*\*138.75

<b>DOCUMENT # L05000096775</b> 1. Entity Name CHERYLE CORNER GROUP, LLC	
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Principal Place of Business 416 LIME DRIVE NOKOMIS, FL 34275	Mailing Address 416 LIME DRIVE NOKOMIS, FL 34275
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**DO NOT WRITE IN THIS SPACE**

01202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3560234	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

KLINGBEIL, ROBERT T JR  
341 VENICE AVE W  
VENICE, FL 34285

**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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM D'AUTO, RAYMOND F 416 LIME DRIVE NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERKERING, RICHARD T 412 LIME DR NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RATTIGAN, JOHN 1204 CELEBRATION AVE CELEBRATION, FL 34747
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:**  **RT Kerkering** 1/20/08 941-650-6451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #