


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90364 041 ****50.00

DOCUMENT # L05000097230	
1. Entity Name CRAIG CHERRY CONSTRUCTION LLC	

Principal Place of Business 417 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169	Mailing Address 417 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169
--	--

2. Principal Place of Business - No P.O. Box # 417 FLAGLER AVE	3. Mailing Address 417 FLAGLER AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State New Smyrna Beach FL	City & State New Smyrna Beach FL 32169
Zip 32169	Zip 32169
Country Volusia	Country Volusia

4. FEI Number NO-T APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CHERRY, CRAIG D 417 FLAGLER AVENUE NEW SMYRNA BEACH FL 32169	
--	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 Craig D. Cherry DATE April 28, 2007

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007</p>	
--	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHERRY, CRAIG D 1814 N. PENINSULA AVE. NEW SMYRNA BEACH FL 32169 <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
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 Section 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: Craig D. Cherry DATE April 28, 2007

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