

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90070 008 \*\*\*143.75

**DOCUMENT # L06000055271**

1. Entity Name  
**B. H. CHERRY, LLC**



Principal Place of Business  
**ONE NORTH BREAKERS ROW  
PALM BEACH, FL 33480 US**

Mailing Address  
**ONE NORTH BREAKERS ROW  
PALM BEACH, FL 33480 US**

**60013272**

2. Principal Place of Business - No P.O. Box #  
**1601 Forum Place**

3. Mailing Address  
**1601 Forum Place**

Suite, Apt. #, etc.  
**Suite 1010**

Suite, Apt. #, etc.  
**Suite 1010**

03282008 Chg-LLC CR2E083 (12/06)

City & State  
**West Palm Beach FL**

City & State  
**West Palm Beach, FL**

4. FEI Number  
**20-4949045**

Applied For  
Not Applicable

Zip  
**33401**

Country  
**USA**

Zip  
**33401**

Country  
**USA**

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

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

**7. Name and Address of New Registered Agent**

**CHERRY, BERNARD H  
1 NORTH BREAKERS RD One North Breakers Row  
SUITE 231  
PALM BEACH, FL 33480**

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

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**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CHERRY, BERNARD  
ONE NORTH BREAKERS ROW  
PALM BEACH, FL 33480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #