2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 06, 2007 8:00 am Secretary of State

1. Entity Name CHEEK PROPERTIES, LLC							03-06-2007	90080 0	12 ****5	0.00	
Principal Place 286 SANTA N VENICE, FL	MARIA ST.	s	Mailing Address 286 SANTA MARIA ST. VENICE, FL 34285						,		
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			Chg-LLC		3 (12/06)		
City & State			City & State	City & State			Der Der Der			plied For	
Zip Country			Zin	Zip Country			81-07	225	Not 5.00 Addi	Applicable	
£.ip			<u> </u>	000,	··· /		e of Status Desired	LJ È	ee Required		
6. Name and Address of Current Registered Agent Name						7. Name and Address of New Registered Agent					
PRUITT, S 286 SANT							(P.O. Box Number is Not Acceptable)				
VENICE, F		01.									
				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											
			T								
		ls \$50.00 y 1, 2007					Make check payable to Florida Department of State				
9.		MANAGING MEMB	ERS/MANAGERS	S/MANAGERS 10.			ADDITIONS				
TITLE NAME STREET ADDRESS	1	SANDRA M TA MARIA	☐ Delete	TITL NAM STRI					☐ Change	Addition	
CITY-ST-Z#P		FL 34285		CITY	r-\$1-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delets						Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITL MAN STR	E				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITE NAM STR	£				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete	TITL NAA STR	E				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CIT	AE LEET ADDRESS Y-ST-ZIP				☐ Change	Addition	
11. I hereby indicated	certify that th	he information supplied w	th this filing does not qualify f od that my signature shall hav	or the exe	emptions containe legal effect as	ned in Chapter 11 s if made under oa	9, Florida Statutes. I f ith; that I am a mana	urther certify ging membe	that the info	rmation or of the	