

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90103 031 \*\*\*\*50.00

**DOCUMENT # L06000121300**

1. Entity Name  
CHERRY RIDGE, LLC



Principal Place of Business  
1005 LONGLEY COVE  
LAKE MARY, FL 32746

Mailing Address  
1005 LONGLEY COVE  
LAKE MARY, FL 32746

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
20-8196253

Applied For  
Not Applicable

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

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

VRATANINA, LISA M  
1005 LONGLEY COVE  
LAKE MARY, FL 32746

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR	<input type="checkbox"/> Delete
NAME	VRATANINA, LISA M	
STREET ADDRESS	1005 LONGLEY COVE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	VRATANINA, JEFFREY J	
STREET ADDRESS	1005 LONGLEY COVE	
CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Jeffrey J. Vratana*

Jeffrey J. Vratana 01/30/07 407-578-2000

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

Date

Daytime Phone #