

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000050255

**FILED**  
**Dec 08, 2008**  
**Secretary of State**

**Entity Name:** CHENEY FAMILY PROPERTIES, LLC

**Current Principal Place of Business:**

5811 PELICAN BAY BLVD. SUITE 600  
C/O FOWLER WHITE BOGGS BANKER P.A.  
NAPLES, FL 34108

**New Principal Place of Business:**

406 FOXTAIL COURT  
NAPLES, FL 34104

**Current Mailing Address:**

5811 PELICAN BAY BLVD. SUITE 600  
C/O FOWLER WHITE BOGGS BANKER P.A.  
NAPLES, FL 34108

**New Mailing Address:**

460 LAMONT DR  
LEXINGTON, KY 40503

**FEI Number:** 26-0193545      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

FOWLER WHITE BOGGS BANKER P.A.  
5811 PELICAN BAY BLVD. SUITE 600  
NAPLES, FL 34108      US

**Name and Address of New Registered Agent:**

PORTER, KIMBERLY S MANAGER  
406 FOXTAIL COURT  
NAPLES, FL 34104      US

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.

SIGNATURE: KIMBERLY SUE PORTER

12/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: BLAHNIK, CANDICE ANN  
Address: 404 WINDSOR PLACE #201  
City-St-Zip: NAPLES, FL 34104

Title: MGR      ( ) Delete  
Name: PORTER, KIMBERLY SUE  
Address: 406 FOX TAIL COURT  
City-St-Zip: NAPLES, FL 34104

Title: MGR      ( ) Delete  
Name: PORTER, NICHOLAS T  
Address: 460 LAMONT DRIVE  
City-St-Zip: LEXINGTON, KY 40503

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NICHOLAS T PORTER

MGR

12/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date