

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050255

FILED  
Mar 01, 2009  
Secretary of State

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

**Current Principal Place of Business:**

406 FOXTAIL COURT  
NAPLES, FL 34104

**New Principal Place of Business:**

**Current Mailing Address:**

460 LAMONT DR  
LEXINGTON, KY 40503

**New Mailing Address:**

**FEI Number:** 26-0193545

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:

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

03/01/2009

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