2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2008 08:00 All Secretary of State DOCUMENT # S93078 1. Entity Name CHEROKEE CREEK LIMITED, INC. Mailing Address Principal Place of Business PO BOX 204 PO BOX 204 1 PALMETTO, FL 34220 PALMETTO, FL 34220 No Chg-P CR2E034 (11/05) 04032008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0295990 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE GLIDDEN, MICHAEL D. 808 20TH AVENUE WEST IN THIS SPACE PALMETTO, FL 34221 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable nooooodages 05/06/08--80088--007 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. \Box Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GLIDDEN, MICHAEL D. NAME 808 20TH AVENUE WEST STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the inferior or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attactprient with an address, with all other like empowered.

SIGNATURE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED