

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90128 015 ****50.00

DOCUMENT # L01000010663

1. Entity Name

CEDAR ISLAND, LLC

Principal Place of Business

Mailing Address

~~4540 SOUTHSIDE BLVD
 SUITE 302
 JACKSONVILLE FL 32216~~

~~4540 SOUTHSIDE BLVD
 SUITE 302
 JACKSONVILLE FL 32216~~

2. Principal Place of Business

4315 PABLO OAKS COURT

Suite, Apt. #, etc.
SUITE 1

City & State
JACKSONVILLE, FL

Zip
32224-9667

Country
USA

3. Mailing Address

4315 PABLO OAKS COURT

Suite, Apt. #, etc.
SUITE 1

City & State
JACKSONVILLE, FL

Zip
32224-9667

Country
USA

4. FEI Number

59-3730517

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~HURST CHRISTOPHER N
 4540 SOUTHSIDE BLVD
 SUITE 302
 JACKSONVILLE FL 32216~~

7. Name and Address of New Registered Agent

Name
BRAREN, MICHAEL E.

Street Address (P.O. Box Number is Not Acceptable)
4315 PABLO OAKS COURT, SUITE 1

City
JACKSONVILLE

FL

Zip Code
32224

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.

SIGNATURE

Michael E. Braren

Michael E. Braren

4/17/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	MGRM			<input type="checkbox"/>
	BRAREN, MICHAEL E.	4315 PABLO OAKS COURT, SUITE 1	JACKSONVILLE, FL 32224-9667	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael E. Braren

Michael E. Braren
Managing Member

4/17/02

904/482-1100

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

Date

Daytime Phone #

CR2E083 (9/01)