# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 26, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # L00000001127

1. Entity Name
CEDAR RIDGE OF VENICE, L.L.C.

Principal Place of Business
1901 SOUTH TAMIAMI TRAIL
VENICE, FL 34293

Mailing Address
1901 SOUTH TAMIAMI TRAIL
VENICE, FL 34293

02032004No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3623488 — Applied For / Not Applicable

5. Certificate of Status Desired — **$5.00** Additional Fee Required

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

MACRIS, STEVEN W
227 PENSACOLA ROAD
VENICE, FL 34285

**DO NOT WRITE IN THIS SPACE**

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, 2004**

U00000067170
02/26/04-80046-002 55.00

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | J & J HOMES, INC. |
| STREET ADDRESS | 1901 SOUTH TAMIAMI TRAIL |
| CITY-ST-ZIP | VENICE, FL 34293 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** _____ 2.16.04 941 493 2602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #