

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031950

Entity Name: CEDAR RIDGE POINTE, LLC

FILED
Mar 13, 2009
Secretary of State

Current Principal Place of Business:

2235 S. WOODLAND BLVD
SUITE 105
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

2235 S. WOODLAND BLVD.
SUITE 105
DELAND, FL 32720

New Mailing Address:

2235 S. WOODLAND BLVD
SUITE 105
DELAND, FL 32720

FEI Number: 20-5038091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTERS, KAREN
2235 S. WOODLAND BLVD.
SUITE 105
DELAND, FL 32720 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: MGRM () Delete
Name: MASTERS, KAREN
Address: 2235 S. WOODLAND BLVD. SUITE 105
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: HOWE, PATRICIA
Address: 2235 S. WOODLAND BLVD. SUITE 105
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: TRUBA, KATHLEEN
Address: 2235 S. WOODLAND BLVD. SUITE 105
City-St-Zip: DELAND, FL 32720

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: KAREN MASTERS

MGRM

03/13/2009

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