2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

#203
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 MAY 22 PM 3:48

DOCUMENT # A06000000872

1. Entity Name

CEDAR ACQUISITION, LTD.

Principal Place of Business	Mailing Address
C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134	C/O NEWPORT PROPERTY VENTURES, LTD. 3211 PONCE DE LEON BLVD., SUITE 202 CORAL GABLES FL 33134

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 86-1096524 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LEVENSON, FREDERIC C/O WHITE & CASE, LLP 200 S. BISCAYNE BLVD., SUITE 4900 MIAMI FL 33131	Name Martini, Gregory T. Street Address (P.O. Box Number is Not Acceptable) 2655 LeJeune Road, Ste 1101 City Coral Gables **FL** Zip Code 33134

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] 2/20/2008
Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L06000069796	STREET ADDRESS	
NAME	CEDAR, LLC		
STREET ADDRESS	3211 PONCE DE LEON BLVD., SUITE 202	CITY-ST-ZIP	500129698415 05/16/08--01045--011 **500.00
CITY-ST-ZIP	CORAL GABLES FL 33134		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [signature] Constantine J. Scurtis 2/19/08 (305) 446-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #