

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

#203  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A06000000872</b>                   |  |
| 1. Entity Name<br><b>CEDAR ACQUISITION, LTD.</b> |                                                                                   |

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



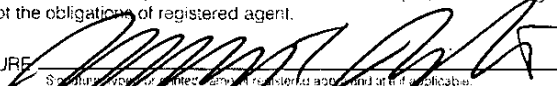
|                                                |         |                     |         |
|------------------------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.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

1st MOORE CR2E003 (10/07)

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>86-1096524</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required                  |

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

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.

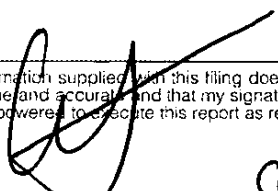
SIGNATURE  DATE **2/20/2008**

**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 #<br><b>L06000069796</b>                            | NAME<br><b>CEDAR, LLC</b>                   | STREET ADDRESS           | <b>500129698415</b><br><b>05/16/08 01045 011 **500.00</b> |
| STREET ADDRESS<br><b>3211 PONCE DE LEON BLVD., SUITE 202</b> | CITY-ST-ZIP<br><b>CORAL GABLES FL 33134</b> | CITY-ST-ZIP              |                                                           |
| DOCUMENT #                                                   | NAME                                        | STREET ADDRESS           |                                                           |
| STREET ADDRESS                                               |                                             | CITY-ST-ZIP              |                                                           |
| DOCUMENT #                                                   | NAME                                        | STREET ADDRESS           |                                                           |
| STREET ADDRESS                                               |                                             | CITY-ST-ZIP              |                                                           |
| DOCUMENT #                                                   | NAME                                        | STREET ADDRESS           |                                                           |
| STREET ADDRESS                                               |                                             | CITY-ST-ZIP              |                                                           |
| DOCUMENT #                                                   | NAME                                        | STREET ADDRESS           |                                                           |
| STREET ADDRESS                                               |                                             | CITY-ST-ZIP              |                                                           |
| DOCUMENT #                                                   | NAME                                        | STREET ADDRESS           |                                                           |
| STREET ADDRESS                                               |                                             | CITY-ST-ZIP              |                                                           |

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:  **Constantine J. Scurtis** 2/19/08 (305) 446-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE