

**Due By May 1, 2007**

DOCUMENT # A97000001955

1. Entity Name  
**CEDAR EQUITIES, LTD.**



FILED

07 MAY 24 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1 SLEIMAN PARKWAY, SUITE <del>200</del> 270 JACKSONVILLE, FL 32216	1 SLEIMAN PARKWAY, SUITE <del>200</del> 270 JACKSONVILLE, FL 32216

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

03152007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3467004	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	
<b>SLEIMAN, ELI T JR.</b> <b>1 SLEIMAN PARKWAY</b> <b>SUITE 270</b> <b>JACKSONVILLE, FL 32216</b>	Name <b>Robert K. White</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>1 Sleiman Parkway</b>	
	Suite 270	
	City <b>Jacksonville</b>	<b>FL</b> Zip Code <b>32216</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 Robert K. White Robert K. White 3/20/07  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 #	P93000087854	STREET ADDRESS	700103638547
NAME	SLEIMAN PROPERTIES, INC.	CITY - ST - ZIP	06/01/07--01007--008 **500.00
STREET ADDRESS	1 SLEIMAN PARKWAY, SUITE 200 270		
CITY - ST - ZIP	JACKSONVILLE, FL 32216		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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NAME		CITY - ST - ZIP	
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: *Robert K. White* Robert K. White 3/20/07 904-731-8806

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_

Daytime Phone # \_\_\_\_\_