

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED
Oct 05, 2005
Secretary of State**

DOCUMENT# L01000002248

Entity Name: CEDAR RIDGE APARTMENTS, L.L.C.

Current Principal Place of Business:

9149 SW 4TH PLACE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

9149 SW 4TH PLACE
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 59-3704331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LYONS, HAROLD A
9149 SW 4TH PLACE
GAINESVILLE, FL 32608 US

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: HAROLD A. LYONS

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LYONS, HAROLD A
Address: 9149 SW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: MILLAR, BONNIE-JEAN
Address: 9149 SW 4TH PLACE
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

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 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 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: HAROLD A. LYONS

MGR

10/05/2005

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