

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002248

FILED  
Feb 21, 2006  
Secretary of State

**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:**

9149 SW 47TH PLACE  
GAINESVILLE, FL 32608

**Current Mailing Address:**

9149 SW 4TH PLACE  
GAINESVILLE, FL 32608

**New Mailing Address:**

9149 SW 47TH PLACE  
GAINESVILLE, FL 32608

**FEI Number:** 59-3704331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

LYONS, HAROLD A  
9149 SW 47TH 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:**

02/21/2006

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: MGRM (X) Change ( ) Addition  
Name: LYONS, HAROLD A  
Address: 9149 SW 47TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM (X) Change ( ) Addition  
Name: MILLAR, BONNIE-JEAN  
Address: 9149 SW 47TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information supplied with this filing does not qualify for the 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:** HAROLD LYONS

MGRM

02/21/2006

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