

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002248

FILED
Apr 11, 2008
Secretary of State

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

Current Principal Place of Business:

9149 SW 47TH PLACE
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

9149 SW 47TH PLACE
GAINESVILLE, FL 32608

New Mailing Address:

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 47TH PLACE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM () Delete
Name: MILLAR, BONNIE-JEAN
Address: 9149 SW 47TH 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 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

04/11/2008

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