

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029580

FILED
Apr 21, 2004
Secretary of State

Entity Name: CEDAR ASSET MANAGEMENT, L.L.C.

Current Principal Place of Business:

1624 NW 1ST AVENUE
GAINESVILLE, FL 32603

New Principal Place of Business:

Current Mailing Address:

1624 NW 1ST AVENUE
GAINESVILLE, FL 32603

New Mailing Address:

FEI Number: 14-1854441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCNIECE, PETER R
1624 NW 1ST AVENUE
GAINESVILLE, FL 32603 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/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: MCNIECE, PETER
Address: 1624 NW 1ST AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: MGRM () Change (X) Addition
Name: DEFILLIPPO, RON
Address: 1624 NW 1ST AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: MGRM () Change (X) Addition
Name: VILLANTE, FRANK
Address: 1624 NW 1ST AVE
City-St-Zip: GAINESVILLE, FL 32603

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: PETER MCNIECE

MGRM

04/21/2004

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