2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2008
Secretary of State

DOCUMENT# L03000017772

Entity Name: CEDAR STREET PROPERTIES, LLC

Current Principal Place of Business:

505 FLORIDA AVE.
CLEARWATER, FL 33756

New Principal Place of Business:

10207 FALCON TERRACE
SEMINOLE, FL 33778

Current Mailing Address:

505 FLORIDA AVE.
CLEARWATER, FL 33756

New Mailing Address:

P.O. BOX 91
CLEARWATER, FL 33757

FEI Number: 86-1068273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, RANDELL M
315 S. HYDE PARK AVE.
TAMPA, FL 33606 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: MGR ( ) Delete
Name: MCMULLEN, PAUL M SR
Address: 2097 OAKADIA DR S
City-St-Zip: CLEARWATER, FL 33764

Title: MGR ( ) Delete
Name: DAVIDSON, SARAH M
Address: 10207 FALCON TERRACE
City-St-Zip: SEMINOLE, FL 33778

Title: MGR ( ) Delete
Name: WEIKEL, LAURA L
Address: 10209 FALCON TERRACE
City-St-Zip: SEMINOLE, FL 33778

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SARAH M DAVIDSON MGR 01/19/2008

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