


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90093 008 ****55.00

DOCUMENT # L04000028815


1. Entity Name
CEDARLAND, LLC



Principal Place of Business Mailing Address
1665 SW 67TH AVE **1665 SW 67TH AVE**
MIAMI, FL 33155 **MIAMI, FL 33155**

2. Principal Place of Business 3. Mailing Address
1673 SW 67 AVENUE *1673 SW 67 AVENUE*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
MIAMI, FL *MIAMI, FL*
 Zip Country Zip Country
33155 *MIAMI-FLOR* *33155* *MIAMI-FLOR*



04222005 Chg-LLC CR2E083 (10/03)

4. FEI Number
51-0506104

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
LAMCHICK, BRUCE
9130 S DADELAND BLVD, STE 1101
MIAMI, FL 33156

7. Name and Address of New Registered Agent
 Name *EDWARD KASSAS*
 Street Address (P.O. Box Number is Not Acceptable)
1673 SW 67 AVENUE
 City *MIAMI* FL Zip Code *33155*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *EDWARD KASSAS* *4/21/05*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>EDWARD KASSAS</i> <i>1673 SW 67 AVENUE</i> <i>MIAMI, FL 33155</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* *EDWARD KASSAS* *4/21/05* *305-261-8868*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #