2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000065826

1. Entity Name
102 CEDAR AVENUE PARTNERS, LLC

Principal Place of Business	Mailing Address
100 S. ASHLEY DRIVE SUITE 2150 TAMPA, FL 33602	100 S. ASHLEY DRIVE SUITE 2150 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BARLOW, MAHLON H
100 S. ASHLEY DRIVE
SUITE 2150
TAMPA, FL 33602

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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 _____ 1/5/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BARLOW, MAHLON H
STREET ADDRESS	100 S. ASHLEY DRIVE, SUITE 2150
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	MASON, RICHARD F
STREET ADDRESS	1918 SEMINOLE TRAIL
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	MGRM
NAME	BARLOW, STEVEN C
STREET ADDRESS	4050 11TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33706
TITLE	MGRM
NAME	BRANDES, ELIZABETH B
STREET ADDRESS	464 SEVERN AVENUE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	MGRM
NAME	BARLOW, LAURIE G
STREET ADDRESS	2922 WALLCRAFT AVENUE
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	MGRM
NAME	BARLOW, RONICE L
STREET ADDRESS	4050 11TH STREET NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33607

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01/09/07-80022-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 1/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #