

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073224

FILED
May 01, 2005
Secretary of State

Entity Name: CEDAR HOPE, L.L.C.

Current Principal Place of Business:

2861 S.E. 1ST PLACE
BOYNTON BEACH, FL

New Principal Place of Business:

2861 S.E. 1ST PLACE
BOYNTON BEACH, FL 33435 US

Current Mailing Address:

2861 S.E. 1ST PLACE
BOYNTON BEACH, FL

New Mailing Address:

2861 S.E. 1ST PLACE
BOYNTON BEACH, FL 33435 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURNS, THOMAS E
2861 S.E. 1ST PLACE
BOYNTON BEACH, FL US

Name and Address of New Registered Agent:

BURNS, THOMAS E
2861 S.E. 1ST PLACE
BOYNTON BEACH, FL 33435 US

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: THOMAS E. BURNS

05/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BURNS, THOMAS E
Address: 2861 S.E. 1ST PLACE
City-St-Zip: BOYNTON BEACH, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURNS, THOMAS E
Address: 2861 S.E. 1ST PLACE
City-St-Zip: BOYNTON BEACH, FL 33435 US

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: THOMAS E. BURNS

MGR

05/01/2005

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