2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2007
Secretary of State

DOCUMENT# L05000074897

Entity Name: CEDAR BAY BROWARD, LLC

Current Principal Place of Business:

903 CEDAR BAY ROAD
JACKSONVILLE, FL 32218

New Principal Place of Business:

809 SOUTH BROAD STREET
THOMASVILLE, GA 31792

Current Mailing Address:

903 CEDAR BAY ROAD
JACKSONVILLE, FL 32218

New Mailing Address:

809 SOUTH BROAD STREET
THOMASVILLE, GA 31792

FEI Number: 20-2635698 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

WARREN, R. BRUCE
262 HIAMONEE DRIVE
TALLAHASSEE, FL 32312 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: MGRM ( ) Delete
Name: WARREN, R. BRUCE
Address: 262 HIAMONEE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM ( ) Delete
Name: RODD, CHRIS
Address: 903 CEDAR BAY ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: RODD, CHRIS
Address: 809 SOUTH BROAD STREET
City-St-Zip: THOMASVILLE, GA 31792

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: R. BRUCE WARREN MGRM 07/03/2007

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