2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 27, 2007 8:00 am
Secretary of State

02-01-2007 90050 039 ****50.00

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1. Entity Name
CEDAR OAK PROPERTIES & INVESTMENT GROUP, LLC

Principal Place of Business	Mailing Address
909 EAGLE POINT DRIVE ST AUGUSTINE, FL 32092	909 EAGLE POINT DRIVE ST AUGUSTINE, FL 32092
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc	Suite, Apt #, etc
City & State	City & State
Zip / Country	Zip / Country

01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number 27-0133471 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VERGALES, HOWARD G 909 EAGLE POINT DRIVE ST AUGUSTINE, FL 32092	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PRESIDENT VERGALES, HOWARD G 909 EAGLE POINT DRIVE ST AUGUSTINE, FL 32092 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER - SECRETARY ELLEN VERGALES 909 EAGLE POINT DR. ST. AUGUSTINE, FL 32092 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM VICE PRESIDENT VERGALES, MOLLY B 909 EAGLE POINT DRIVE ST AUGUSTINE, FL 32092 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BOARD MEMBER ADAM VERGALES ASSISTANT 909 EAGLE POINT DR. VICE ST. AUGUSTINE, FL 32092 PRESIDENT ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Howard G Vergales 1/29/07 904-819-9987

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #