


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000008194	
1. Entity Name CEDAR RIDGE RECREATION, L.C.	

Principal Place of Business 4050 NE 1ST AVENUE, SUITE 117 OAKLAND PARK, FL 33334	Mailing Address PO BOX 24943 FORT LAUDERDALE, FL 33307
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DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3624706	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BANTA, BRADFORD C 4050 NE 1ST AVENUE, SUITE 117 OAKLAND PARK, FL 33334	DO NOT WRITE IN THIS SPACE
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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 _____
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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BANTA, BRADFORD C 1409 MIDDLE RIVER DR. FT. LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BANTA, CATHERINE M 1409 MIDDLE RIVER DR. FT. LAUDERDALE, FL 33304
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **4-18-05** **954-566-0259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #