

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-15-2002 90037 011 *****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001884

1. Entity Name
RED CEDARS, L.L.C.

Principal Place of Business: 1001 NORTH U.S. HIGHWAY ONE, STE. 875 JUPITER FL 33477
Mailing Address: 1001 NORTH U.S. HIGHWAY ONE, STE. 875 JUPITER FL 33477

- 13611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1001 North US Highway 1, Suite, Apt. #, etc. Ste. 308
3. Mailing Address: 1001 North US Highway 1, Suite, Apt. #, etc. Ste 308

4. FEI Number: 65-11300-94
Applied For: Not Applicable

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS STREET, TALLAHASSEE FL 32301-2525
7. Name and Address of New Registered Agent: 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: HERITAGE HILL, L.L.C. STREET ADDRESS: 1001 NORTH U.S. HIGHWAY ONE, STE. 875 CITY-ST-ZIP: JUPITER FL 33477	<input type="checkbox"/> Delete	TITLE: MGRM NAME: Heritage Hill, LLC STREET ADDRESS: 1001 North US Highway 1, Ste. 308 CITY-ST-ZIP: Jupiter FL 33477	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MEM NAME: PRINCIPAL INVESTMENT PARTNER, L.P. STREET ADDRESS: 1001 NORTH U.S. HIGHWAY ONE, STE. 875 CITY-ST-ZIP: JUPITER FL 33477	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 808, Florida Statutes.

SIGNATURE: _____ SIGNATURE REQUIRED
Date: 1/10/02 Daytime Phone #: 561-741-1232

Handwritten signature and date: 2/1/02

CFR2E083 (9/01)