


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # M05000003935 1. Entity Name CEDARGREEN LAND CO. LLC	
---	---

Principal Place of Business 2802 SHAKERCREST BLVD. BEACHWOOD, OH 44122	Mailing Address 2802 SHAKERCREST BLVD. BEACHWOOD, OH 44122
--	--



01092008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3750566	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent ZUCKER, LEONARD O 10853 S.W. ELSINORE DR. PORT ST. LUCIE, FL 34987

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAKS, MARK 5185 LANSLOWNE DRIVE OLON, OH 44139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, SCOTT 2802 SHAKERCREST BLVD. BEACHWOOD, OH 44122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZUCKER, DONALD M 33475 MILES ROAD MORELAND HILLS, OH 44102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Scott Miller, Manager	Date 1/10/08 216-701-5527	Daytime Phone #
---	------------------------------	-----------------