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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000004629 (0)
 1. Corporation Name
C.A.U. CEDARS, INC.

Principal Place of Business CEDARS OF BAYMEADOWS APARTMENTS 9001 BAYMEADOWS DRIVE JACKSONVILLE FL	Mailing Address 10227 WINGOPIN CIRCLE SUITE 800 COLUMBIA MD 21044
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3. Date Incorporated or Qualified 09/29/1995	
4. FEI Number 52-1949586	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYANT, JAMES S JR.	
STREET ADDRESS	600 WHARFSIDE WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDMONDSON, JAMES H	
STREET ADDRESS	1350 BEVERLY ROAD, SUITE 200	
CITY-ST-ZIP	MCLEAN VA 22102-3634	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SISSMAN, MARK	
STREET ADDRESS	10227 WINGCORPIN CIRCLE	
CITY-ST-ZIP	COLUMBIA MD 21044-3400	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DILLON, MARYANN	
STREET ADDRESS	1350 BEVERLY ROAD, SUITE 200	
CITY-ST-ZIP	MCLEAN VA 22102-3634	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DANFORD, RICHARD D JR	
STREET ADDRESS	233 W. DUVAL STREET, 14TH FLOOR	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRICK, STEPHEN	
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 121	
CITY-ST-ZIP	JACKSONVILLE FL 32256	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	S
1.3 STREET ADDRESS	JEFFREY C. BERG
1.4 CITY-ST-ZIP	10227 WINGOPIN CIRCLE, SUITE 500 COLUMBIA, MD 21044
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T
2.3 STREET ADDRESS	DIANA HELMS
2.4 CITY-ST-ZIP	10227 WINGOPIN CIRCLE, SUITE 600 COLUMBIA, MD 21044
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey C. Berg 1-28-98 410-964-1230

CR2E037 (10/97)