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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004629

1. Corporation Name
C.A.U. CEDARS, INC.

Principal Place of Business
CEDARS OF BAYMEADOWS APARTMENTS
9801 BAYMEADOWS DRIVE
JACKSONVILLE FL

Mailing Address
10227 WINCOPIN CIRCLE
SUITE 800
COLUMBIA MD 21044



2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
Country
24

2a. Mailing Address
26 1090 Vermont Ave, N.W.
Suite, Apt. #, etc.
27 Suite 400
City & State
28 Washington, D.C.
Zip
Country
29 20005
30

3. Date Incorporated or Qualified
09/29/1995

4. FEI Number
52-1949586
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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
FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, JAMES S JR.	1.2 NAME	
STREET ADDRESS	600 WHARFSIDE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDMONDSON, JAMES H	2.2 NAME	Ghebra Selassie Mehrteab
STREET ADDRESS	1350 BEVERLY ROAD, SUITE 200	2.3 STREET ADDRESS	1090 Vermont Ave, N.W. Suite 400
CITY-ST-ZIP	MCLEAN VA 22102-3634	2.4 CITY-ST-ZIP	Washington, D.C. 20005
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SISSMAN, MARK	3.2 NAME	John G. Hoffer, III
STREET ADDRESS	10227 WINGCORPIN CIRCLE	3.3 STREET ADDRESS	1090 Vermont Ave, N.W. Suite 400
CITY-ST-ZIP	COLUMBIA MD 21044-3400	3.4 CITY-ST-ZIP	Washington, D.C. 20005
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DYS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DILLON, MARYANN	4.2 NAME	Joseph P. Wiederfer, Jr.
STREET ADDRESS	1350 BEVERLY ROAD, SUITE 200	4.3 STREET ADDRESS	1090 Vermont Ave, N.W. Suite 400
CITY-ST-ZIP	MCLEAN VA 22102-3634	4.4 CITY-ST-ZIP	Washington, D.C. 20005
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANFORD, RICHARD D JR	5.2 NAME	
STREET ADDRESS	233 W. DUVAL STREET, 14TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRICK, STEPHEN	6.2 NAME	
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 121	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	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, with all other like empowered.

SIGNATURE: [Signature] REQUIRED
Date: 1-25-99 Daytime Phone #: 202-789-5300

CR2E037 (1/98)