2004 NOT-FOR-PROFIT CORPORATION

FILED Jul 09, 2004 8:00 am Secretary of State

DOCUI 1. Entity Name C.A.U. CE			(07-09-2004	4 90001	032 ****	51.25		
Principal Place of Business CEDARS OF BAYMEADOWS APARTMENTS 9801 BAYMEADOWS DRIVE JACKSONVILLE, FL US Mailing Address 1090 VERMONT AVENUE, SUITE 400 WASHINGTON, DC 20005							5406	0719 MMM	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004 Ch	g-NP	CR2EC	37 (10/03)	
City & State		City & State		4	4. FEI Number 52-194958	6			plied For Applicable
Zip	Country	Zip	Country		5. Certificate of Sta	itus Desired		\$8.75 Add Fee Required	
	Name and Address of Current	Registered Agent		7	7. Name and Add	ess of New R	egistered	Agent	
THE PREN	NTICE-HALL CORPORATION	SYSTEM, INC.	Name						
1201 HAYS	S STREET SSEE, FL 32301		Street A	ddress (P.C	O. Box Number is N	lot Acceptable			
			City	FL Zip Code					
8. The above	named entity submits this statement for	or the purpose of changing its	registered office o	r registered	agent, or both, in	the State of Flo	orida. I am	familiar with,	and accept
the obligati	ions of registered agent.	407							
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signat	ure required wh	nen reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2004		npaign Financing	□ \$	55.00 May Be dded to Fees	Floi	lake ched ida Depa	ck payable to	ate
10.	Filing Fee is \$61.25	9. Election Can Trust Fund C	npaign Financing	□ \$	5.00 May Be dded to Fees	Floi	lake ched ida Depa	rtment of St	ate 10
10. TITLE	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI	9. Election Can Trust Fund C	npaign Financing Contribution.	□ Å	65.00 May Be dded to Fees DITIONS/CHANGI	Floi S TO OFFICE Treasur	lake ched ida Depa	rtment of St	ate
TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI D BRYANT, JAMES S JR.	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME	AD AD Direct Richa	5.00 May Be dided to Fees DITIONS/CHANGICTOR, VP, ard A. Gol	Floi ES TO OFFICE Treasur .1ub	lake checida Depa	PIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI D BRYANT, JAMES S JR. 600 WHARFSIDE WAY	9. Election Can Trust Fund C	npaign Financing Contribution.	AD Direct Richa 1090	5.00 May Be dided to Fees DITIONS/CHANGICTOR, VP, ard A. Gol	Floi ES TO OFFICE Treasur .lub .venue M	lake checida Depa	PIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI D BRYANT, JAMES S JR. 600 WHARFSIDE WAY JACKSONVILLE, FL 32207	9. Election Can Trust Fund C RECTORS	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD AAD Direct Richa 1090 Washi	5.00 May Be dded to Fees DITIONS/CHANGICTOR, VP, ard A. Gol Vermont Aington, DO	Floor Floor Treasurate Aubare	lake checida Depa	PIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI D BRYANT, JAMES S JR. 600 WHARFSIDE WAY	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS	AD AD Direct Richard 1090 Washi Direct	5.00 May Be dided to Fees DITIONS/CHANGICTOR, VP, ard A. Gol	Floor Floor Treasure 1 Lub	lake checida Depa	PIRECTORS IN Change	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing Fee is \$61.25 Due by May 1, 2004 OFFICERS AND DI D BRYANT, JAMES S JR. 600 WHARFSIDE WAY JACKSONVILLE, FL 32207 DPT	9. Election Can Trust Fund C	npaign Financing Contribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	AD AD Direct Richard 1090 Washi Direct	5.00 May Be dded to Fees DITIONS/CHANGI CTOR, VP, ard A. Gol Vermont Aington, DC ctor, Pres	Floor Floor Treasure 1 Lub	lake checida Depa	PIRECTORS IN Change	10 Addition
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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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Gollub