
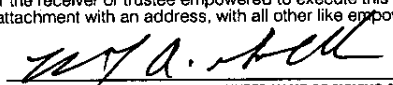


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-09-2004 90001 032 ****61.25

DOCUMENT # N95000004629 1. Entity Name C.A.U. CEDARS, INC.					
Principal Place of Business CEDARS OF BAYMEADOWS APARTMENTS 9801 BAYMEADOWS DRIVE JACKSONVILLE, FL US			Mailing Address 1090 VERMONT AVENUE, N.W. SUITE 400 WASHINGTON, DC 20005 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
4. FEI Number 52-1949586				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	Director, VP, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BRYANT, JAMES S JR.		NAME	Richard A. Gollub	
STREET ADDRESS	600 WHARFSIDE WAY		STREET ADDRESS	1090 Vermont Avenue NW, Suite 400	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Washington, DC 20005	
TITLE	DPT <input type="checkbox"/> Delete		TITLE	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEHRETEAB, GHEBRE S		NAME	Ghebre S. Mehreteab	
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20005		CITY-ST-ZIP		
TITLE	DV <input checked="" type="checkbox"/> Delete		TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFER, JOHN G III		NAME	Richard D. Danford, Jr.	
STREET ADDRESS	1090 VERMONT AVENUE, NW, SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20005		CITY-ST-ZIP		
TITLE	DVS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WIEDORFER, JOSEPH P JR		NAME		
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON, DC 20005		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANFORD, RICHARD D JR		NAME		
STREET ADDRESS	233 W. DUVAL STREET, 14TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRICK, STEPHEN		NAME		
STREET ADDRESS	9428 BAYMEADOWS ROAD, SUITE 121		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP		
12. 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:  Richard A. Gollub 7-7-04 202-789-5300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					