

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

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



DO NOT WRITE IN THIS SPACE

01042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-1949586	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRYANT, JAMES S JR.
STREET ADDRESS	600 WHARFSIDE WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	DP
NAME	MEHRETEAB, GHEBRE S
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400
CITY-ST-ZIP	WASHINGTON, DC 20005
TITLE	D
NAME	DANFORD, JR., RICHARD D
STREET ADDRESS	1090 VERMONT AVENUE, NW, SUITE 400
CITY-ST-ZIP	WASHINGTON, DC 20005
TITLE	DVS
NAME	WIEDORFER, JOSEPH P JR
STREET ADDRESS	1090 VERMONT AVENUE, N.W., SUITE 400
CITY-ST-ZIP	WASHINGTON, DC 20005
TITLE	VD
NAME	DANFORD, RICHARD D JR
STREET ADDRESS	233 W. DUVAL STREET, 14TH FLOOR
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	DVPT
NAME	GOLLUB, RICHARD A
STREET ADDRESS	1090 VERMONT AVE., N.W., SUITE 400
CITY-ST-ZIP	WASHINGTON, DC 20005

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 05/03/05-80153-023 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Gollub
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD GOLLUB

4/29/2005

202-789-5300

Date

Daytime Phone #