2002 UNIFORM BUSINESS REPORT (UBR)						<b>}</b>		1/	
DÖCÜMENT # A000000659  1. Entity Name						sre	FILED	11	
GLYNN COUNTY PARTNERS, LTD.						סוצונום	FILED RETARY OF STATE IN OF CORPORATION	vs 2 []	
							B     PM  : 35	1,1	
Principal Place of Business  1551 SANDSPUR ROAD  MAITLAND FL 32751  Mailing Address  P.O. BOX 4961  ORLANDO FL 32902									
Principal Place of Business     3. Mailing Address				·			. 841. 018111 BB111 BB111 BB111 BB111 B		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2002		
City & State			City & State			4. FEI Number	58-2537164	Applied For Not Applicable	
Zip Country		7	Zip	Country		5. Certificate of	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent			
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE					Name				
					Street Addr	Address (P.O. Box Number is Not Acceptable)			
SUITE 1100 ORLANDO FL 32801						<b>₽</b> Zip Code			
					City			Zip Code	
8. The above	named entity submits this statement	ent for the p	ourpose of changing its	register	ed office or reg	gistered agent, or both	, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered	agent and title	if applicable				DA*	те	
9. Capital Contributions \$50.00 10. Amount of Capital					ntributions		11. MAKE CHECK PAYA	ABLE TO DEPT. OF STATE FOR FEE INFORMATION	
as Shown o	A GENERAL PARTN	ER THAT	in FLORIDA to d	ITITY N	NUST BE RE	GISTERED AND A	CTIVE WITH THIS OF	FICE.	
12.	NOTE: General Partners GENERAL PAR			ne torn		iment must be filed	ADDRESS CHANGES		
DOCUMENT #	L00000003879 CED CAPITAL HOLDINGS 2000 B, L.L.C. TADDRESS 1551 SANDSPUR ROAD			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CITY	r-ST-ZIP				
DOCUMENT #	DOCUMENT / M0000000754				EET ADDRESS	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	 0000491	26470	
STREET ADORESS CITY-ST-ZIP	RESS 5920 ROSWELL ROAD SUITE B107-184			CITY	r-ST-ZIP	<del></del>	7000049126470 -02/13/0201003008 ****141.25 ****141.25		
DOCUMENT#				STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP				
.DOCUMENT # NAME				STR	EET ADDRESS				
STREET ADDRESS				CIT	Y-ST-ZIP		·- ·-		
DOCUMENT /				STR	EET ADORESS				
STREET ADDRESS CITY-ST-ZIP				CIT	Y-ST-ZIP .				
DOCUMENT # NAME				STR	EET ADDRESS				
STREET ADDRESS				CIT	Y-ST-ZIP		<del></del>		

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** 

## FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302 PHONE: (850) 668-4318 FAX: (850) 668-3398

DATE: 02-11-02

NAME: GLYNN COUNTY PARTNERS, LTD.

TYPE OF FILING: 2002 UBR

COST: CHECK # 1000 ATTACHED FOR \$141.25

RETURN:

ACCOUNT: FCADDO00015

AUTHORIZATION: ABBIE/PAUL HODGE

DIVISION OF CORPORATION

SECRETARY OF STATE DIVISION OF CORPORATIONS