

2001 UNIFORM BUSINESS REPORT (UBR)

0002153 AF

DOCUMENT # A98000001542

1. Entity Name
CED ARBOR POINTE II, LTD.

FILED
01 FEB -9 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 1551 SANDSPUR ROAD, MAITLAND FL 32751
Mailing Address: P.O. BOX 4961, ORLANDO FL 32802-4961



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number **59-3518041**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL, INC.
390 NORTH ORANGE AVE., SUITE 1100
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$775,792.00**
10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	A9500000744 CED CAPITAL HOLDINGS IVB, LTD. 1551 SANDSPUR ROAD MAITLAND FL 32751	STREET ADDRESS CITY-ST-ZIP	
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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

~~CED CAPITAL HOLDINGS IVB, LTD.~~
BY: ~~CED CAPITAL HOLDINGS IVB, INC.~~ general partner

SIGNATURE: **SIGNATURE REQUIRED** *TRICIA BOOBY, VICE PRES.* Date: *2/10/01* Daytime Phone #: *407/741-8500*

CR2E003 (11/00)