


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 14 PM 2: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A98000001542		
1. Entity Name CED ARBOR POINTE II, LTD.		
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751	Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961	



2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-3518041	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
B&C CORPORATE SERVICES OF CENTRAL FL, INC. 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO, FL 32801	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 ad agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable.

9. Capital Contributions as Shown on record. \$775,792.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL 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 mt must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A95000000744	STREET ADDRESS	
NAME	CED CAPITAL HOLDINGS IVB, LTD.	CITY - ST - ZIP	
STREET ADDRESS	1651 SANDSPUR ROAD	CITY - ST - ZIP	
CITY - ST - ZIP	MAITLAND, FL 32751	CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: TRICIA DOODY, VICE PRES.
BY: LED CAPITAL HOLDINGS IVB, LTD.
LED CAPITAL HOLDINGS IVB, INC., its General Partner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____