2001	UNIFO	RM BUSI	NES	S REPO	RT	(UB	R)					
DOGUMENT # A0000000077  1. Entity Name						1	-	F	ILED			
LEXINGTON CLUB AT VALRICO PARTNERS, LTD.						} : : :		01 FEB -5 PN 4: 38				
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751			Mailing Address  1551 SANDSPUR ROAD  MAITLAND FL 32751			:		TALLAHAS	ARY OF STATE SSEE, FLORIDA		·	
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address P.O. BOX 4901 Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State				ORUANDO 1			F		-362/600		Applied For	
Zip		ountry  Address of Current R	32	802	Count	SA		5. Certificate o	f Status Desired	Fee	Not Applicab .75 Additional Required	ie
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801  8. The above named entity submits this statement for the purpose of changing its re-					registere	City		ress (P.O. Box Number is Not Acceptable)  FL Zip Code gistered agent, or both, in the State of Florida.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: R						d Agent signa	ture required	when reinstating)	DAT	īĒ.	· · · · · · · · · · · · · · · · · · ·	
as Shown on record. \$50.00 in FLORIDA									11. MAKE CHECK PAYA SEE REVERSE SIDE	FOR FI		
A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the GENERAL PARTNER INFORMATION										partne	<u>r,                                      </u>	
DOCUMENT # NAME STREET ADDRESS	L0000000374 CED CAPITAL HOLDINGS XIV O, LLC 1551 SANDSPUR ROAD MAITLAND FL 32751					ET ADDRESS ST-ZIP		5000036565757 -02/07/0101092021 *****141.25 ****141.25				
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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: