

A01000000004

DOCUMENT # **A01000000004**

1. Entity Name

Lexington Club at Live Oak Partners, Ltd.

FILED

01 JAN -5 PM 3:39

**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

3. Mailing Address

Suite, Apt. #, etc

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.
390 N. ORANGE AVENUE, SUITE 1100
ORLANDO, FLORIDA 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

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

NOTE: Registered Agent signature required when reinstating

DATE

9. Capital Contributions

as Shown on record. \$50.00

10. Amount of Capital Contributions

in FLORIDA to date. \$50.00

**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
**CED Capital Holdings 2000 LB, L.L.C.
1551 Sandspur Road
Maitland, FL 32751**

STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

1/5/01

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 2000 LB, L.L.C.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JANICE BROCK, MANAGER

1/4/01

407/741-8500

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P.O. BOX 10662 TALLAHASSEE, FL 32302
PHONE: (850) 668-4318 FAX: (850) 668-3398

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JANUARY 5, 2001

NAME: LEXINGTON CLUB AT LIVE OAK PARTNERS, LTD

TYPE OF FILING: UBR

COST:

RETURN: GOOD STANDING

FILED
01 JAN -5 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
01 JAN -5 PM 12:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Handwritten signatures and date:
[Signature]
B/M
1/05/01