2002	UNIFORM	BUSINESS	REPORT	(UBR
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					,	FILED		
DOCUMENT # A0100000093 1. Entity Name				02 FEB 15 PM 1: 02				
ARLINGTON COVE PARTNERS, LTD.					SECRETARY OF STATE TACLAHASSEE, FLORIDA			
Principal Place of Business Mailing Address 1551 SANDSPUR ROAD PO BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802-4961								
2. Principal Place of Business 3.		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2002				
City & State		City & State	City & State		4. FEI Number 369 5367 Applied For Not Applicable			
Zìp	Country	Zip	Coun	try	<u> </u>	Figure 1	8.75 Additional see Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Address of New Registered Agent				
B&C CORPORATE SERVICES OF CENTRAL FLORIDA				Name Street Address (P.O. Box Number is Not Acceptable)				
390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801				Glicet Address (F.O. Box Namber 15 Not Addeptable)				
SILENISO I E SESSI			ļ	City	FL Zip Code			
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or register	ed agent, or both	, in the State of Florida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.				DATE		
9. Capital Cor as Shown of	ntributions \$50.00	10. Amount of Capita in FLORIDA to da		outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER TO NOTE: General Partners MA			CTIVE WITH THIS OFFICE I to change a general parti				
12.	GENERAL PARTNER	INFORMATION	13.			ADDRESS CHANGES ONLY	<u></u>	
DOCUMENT # NAME STREET ADDRESS	CED CAPITAL HOLDINGS 2001 A, L.L.C. 1551 SANDSPUR ROAD MAITLAND FL 32751		ł	ET ADDRESS				
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14. I hereby o	ertify that the information supplied with	this filing does not qualify for	the exer	mption stated in Se	ction 119.07(3)(i).	Florida Statutes, I further certify	that the information	

I hereby certify that the information supplied with this filling 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 HOUSTONS 2001 A, ... C.

GNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Devime Phone *

SIGNATURE:

STAPLE CHECK HERE