


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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|---|-----------------------------|--|---------|
| DOCUMENT # A04000000597 | |  | |
| 1. Entity Name CED FINANCIAL SERVICES, LTD. | | | |
| Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751 | | Mailing Address 1551 SANDSPUR ROAD MAITLAND, FL 32751 | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. BOX 4961 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State ORLANDO, FL | |
| Zip | Country | Zip | Country |
| 32751 | | 32802 | US |
| 4. FEI Number 20-1121710 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENT. FLA., INC. 390 N. ORANGE AVENUE, 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. I am familiar with, and accept the obligations of registered agent. | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | |
| 9. Capital Contributions as Shown on record. \$100.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 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 # | L04000028595 | STREET ADDRESS | |
| NAME | CED FINANCIAL SERVICES, LLC | CITY - ST - ZIP | |
| STREET ADDRESS | 1551 SANDSPUR ROAD | | |
| CITY - ST - ZIP | MAITLAND, FL 32751 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY - ST - ZIP | |
| STREET ADDRESS | | | |
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| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| 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 | | | |
| BY: CED FINANCIAL SERVICES, LLC, general partner | | | |
| SIGNATURE: _____ | | Date _____ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ALAN H. GINSBURG, MANAGER | | Daytime Phone # 407/741-8500 | |

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