## 2000 UNIFORM BUSINESS REPORT (UBR) A29514 DOCUMENT # 1. Entity itame FILED ATLANTIC OAKS PARTNERS, LTD. nn MAR In PM 2:52 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA % BROAD & CASSEL 1551 SANDSPUR ROAD MAITLAND FL 32751 P.O. BOX 4961 ORLANDO FL 32802-4961 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2985767 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name B & C CORPORATE SERVICES OF CENTRAL Street Address (P.O. Box Number is Not Acceptable) FLORIDA, INC. 390 NORTH ORANGE AVE., #1100 ORLANDO FL 32801 Zip Code City 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) 10. Amount of Capital Contributions 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions **\$1.192.043.00** 191,942.66 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12 A92000000009 DOCUMENT# STREET ADDRESS CED CAPITAL HOLDINGS I, LTD., A FL. L.P. NAME <u>200003170268</u> 1551 SANDSPUR ROAD -03/14/00--01134--003 STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP <u>\*\*\*\*526,25</u> DOCUMENT# 800003170268 STREET ADDRESS NAME <del>03/14/00 - 01134</del>-STREET ADDRESS \*\*\*\*\*61.25 \*\*\*\*\*61.25 CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STATET ADDRESS CITY - ST - ZIP CITY-ST-ZP 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

managing general partner

SIGNATURE: