2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # A31952 03 APR 14 PM 2: 25 WINTER COUNTRY GARDEN ASSOCIATES, L.P., CECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD % BROAD AND CASSEL MAITLAND, FL 32751 P.O. BOX 4961 ORLANDO, FL 32802-4961 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State Applied For 59-3163985 Not Applicable \$8.75 Additional Fee Required Zip Country Zip Country 5. 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. 7. Name and Address of New Registered Agent B & C CORPORATE SERVICES OF CENTRAL FL,INC 390 NORTH ORANGE AVENUE, SUITE 1100 Street Address (P.O.ºO. Box Number is Not Acceptable) ORLANDO, FL 32801 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered and agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed rame of registered agent and title if applicable. 10. Amount of Capital Contributions 11 MAKE CHECK PAYABLE TO FLEDEPT OF STATE 9. Capital Contributions as Shown on record. \$3,523,449.43 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment mt must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. A92000000009 DOCUMENT # STREET ADDRESS CED CAPITAL HOLDINGS I, LTD. NAMÉ 1661 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP DOCUMENT ? STREET ADDRESS NAME STREET ADDRESS CITY-ST-2IP CITY-ST-7IP 100016219 **526.25 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUM**ENT #** STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Sectiontion 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 madeade 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 CONSTRUCTION, LXX., It's managing general partner.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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