

2002 UNIFORM BUSINESS REPORT (UBR)

9960000


DOCUMENT # A32893

1. Entity Name

SANFORD ARMS ASSOCIATES, L.P., A CALIFORNIA LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1551 SANDSPUR ROAD MAITLAND FL 32751	% BROAD AND CASSEL P.O. BOX 4961 ORLANDO FL 32802-4961

FILED
02 FEB 15 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number	Applied For
59-3028028	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 CENTRAL FL, INC
390 NORTH 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,618,001.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT #	A92000000009
NAME	CED CAPITAL HOLDINGS I, LTD.
STREET ADDRESS	1551 SANDSPUR ROAD
CITY-ST-ZIP	MAITLAND FL 32751
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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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

SIGNATURE: *BY: CED CONSTRUCTION, INC., its managing general partner*
SIGNATURE REQUIRED *2/19/02* *407/741-8500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER *DOERF* Date Daytime Phone #

CR2E003 (9/01)