2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

STAPLE

## FILED DOCUMENT # A9200000017 Entity Name KISSIMMEE OSCEOLA LAND ASSOCIATES, LTD. 03 AFR 14 PM 2: 29 SECULIAR I DESTRIE TALLAHASSEE FLORIO 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 4. 4. FE) Number Applied For 59-3154917 Not Applicable Zip Country Zip Country \$8.75 Additional 5. 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. 7. Name and Address of New Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLA., INC** 390 NORTH ORANGE AVE., SUITE 1100 Street Address (P.O.\*O. Box Number is Not Acceptable) ORLANDO, FL 32801 City Zin 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 name of registered agent and title if applicable. DATE 11 MAKE CHECK!PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEELINFORMATION! 9. Capital Contributions 10. Amount of Capital Contributions as Shown on record. \$7,699,218.00 in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. A93000000236 DOCUMENT # STREET ADDRESS NAME CED CAPITAL HOLDINGS II, LTD., A FL L.P. 1551 SANDSPUR ROAD STREET ADDRESS CITY - 5T - 7IP MAITLAND, FL 32751 CITY-ST-ZIF DOCUM**ENT** # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP 200016218102 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY ST-ZIP DOĞUMENT A STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sectionation 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 CAPTAL HOLDINGS II, LTD. BY CED CAPTAL HOLDINGS II, LTD. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Oayline Phone #