2000 UNIFORM BUSINESS REPORT (UBR) A94000000431 DOCUMENT # FILED 1. Entity Name 00 MAR 10 PM 2: 52 COMMANDER PLACE HOUSING, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 1551 SANDSPUR ROAD % BROAD AND CASSEL P.O. BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802-4961 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3232969 Not Applicable Country \$8.75 Additional Zip 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 **B&C CORPORATE SERVICES OF CENTRAL FLA.,INC** Street Address (P.O. Box Number is Not Acceptable) UE 390 N. OKANGE AVENUE 2200 LUCIEN WAY, SUITE 450 MAITLAND FL 32751 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions in FLORIDA to date. 9. Capital Contributions \$7,270,173.00 7270,073.47 SEE REVERSE SIDE FOR FEE INFORMATION 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. CR2E003 (9/99) A93000000229 DOCUMENT # STREET ADORESS CED CAPITAL HOLDINGS III, LTD. NAME 700003170277 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP -03/14/00---01134---009 MAITLAND FL 32751 CITY-ST-ZIP ****526.25 ****526, 25 DOCUMENT # STREET ADDRESS <u>700003170277</u> NAME -03/14/00--01134--010 STREET ADORESS CITY-ST-ZIP *****61.25 *****61.25 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 NAVE STREET APPLACESS CITY-ST-ZIP CITY-ST-ZZY DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CFTY-ST-ZIP 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

SIGNATURE: