2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMÉNT # A9900001947 1. Entity Name CLUB AT MAIN STREET PARTNERS, LTD.					SEGRETARY OF STATE DIVISION OF CORPORATIONS	
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751 MAITLAND FL 32751 MAITLAND FL 32751-6132					00 FEB -7 AM 8: 52	
	r					
2. Principal Place of Business 3 Mailing Address			4961		1 1951011 1810 10110 10111 80111 80111 80111 80111 80111 80111 80111 80111 80111 10111 10111 10111	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>u </u>	DO NOT WRITE IN THIS SPACE	
City & State		ORLANDO, FC		FC	4. FEI Number Applied For Not Applicable	
Zip	Country	32802	Coun) SA	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and Address of New Registered Agent	
B&C CORPORATE SERVICES OF CENTRAL FLORIDA, INC. 390 NORTH ORANGE AVENUE, SUITE 1100				Street Address (P.O. Box Number is Not Acceptable)		
	City FL Zip Code					
8. The above	named entity submits this statement for	r the purpose of changing its	registere	ed 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	E: Registere	d Agent signatur	re required when reinstating) DATE	
9. Capital Contributions \$50.00 10. Amount of Capital Cont					11. MAKE CHECK PAYABLE TO DEPT. OF STATE	
as Shown o	ON RECORD. A GENERAL PARTNER 1	in FLORIDA to di	TITY M	UST BE R	SEE REVERSE SIDE FOR FEE INFORMATION REGISTERED AND ACTIVE WITH THIS OFFICE.	
10			ne form	; an amer	ndment must be filed to change a general partner. ADDRESS CHANGES ONLY	
12. DOCUMENT#	GENERAL PARTNER INFORMATION L99000008172 CED CAPITAL HOLDINGS XIV M, L.L.C. 1551 SANDSPUR ROAD MAITLAND FL 32751			ET ADDRESS	ADDITESS OF INVOCES OFFER	
NAME Street Address				-		
CITY - ST - ZIP			CITY	-\$T-ZIP		
DOCUMENT# NAME			STRE	ET ADDRESS	9000031366793 -02/16/0001009010	
STREET ADDRESS			СПУ	-ST-ZIP	****141.25 *****141.25	
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NAME			STRE	±T ADDRESS	ν	
STREET ADDRESS City-St-Zip			CITY	- ST - ZIP	1 / 1 -	
DOCUMENT #	. ,		STRE	ET ADDRESS		
NAME STREET ADDRESS CITY - ST - ZIP		1	CITY	-ST-ZIP		
indicated	certify that the information supplied with on this report is true and accurate and ver or trustee empowered to execute the control of the con	that my signature shall have s report as required by Chap	the same ter 620, I	• legal effec	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information at as if made under oath; that I am a General Partner of the limited partnership or utes	