


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
04 APR 12 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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|---|--|--|--|---|--|
| <b>DOCUMENT # L00000002335</b><br>1. Entity Name<br>CED CAPITAL HOLDINGS XIV R, L.L.C.  |  |  |  |    |  |
| Principal Place of Business<br>1551 SANDSPUR ROAD<br>MAITLAND, FL 32751   |  |  | Mailing Address<br>PO BOX 4961<br>ORLANDO, FL 32802-4961 |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br>Suite, Apt. #, etc. <i>BSK</i>         |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>B&C CORPORATE SERVICES OF CENTRAL FLORIDA<br>390 NORTH ORANGE AVENUE, STE 1100<br>ORLANDO, FL 32801  |  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.   |  |  |  |   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>   |  | <b>Make check payable to<br/>Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>                             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MEM<br>CED CAPITAL HOLDINGS XI, LTD.<br>1551 SANDSPUR ROAD<br>MAITLAND, FL 32751 | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>ALAN, GINSBURG H<br>1551 SANDSPUR ROAD<br>MAITLAND, FL 32751              | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>SCIARRINO, MICHAEL J<br>1551 SANDSPUR ROAD<br>MAITLAND, FL 32751          | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>DOODY, TRICIA<br>1551 SANDSPUR ROAD<br>MAITLAND, FL 32751                 | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>JAY, BROCK P<br>1551 SANDSPUR ROAD<br>MAITLAND, FL 32751                  | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MISSIGMAN, PAUL<br>1551 SANDSPUR ROAD<br>MAITLAND, FL 32751               | <input type="checkbox"/> Delete                              |  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 200032835772<br>04/15/04--01017--027 **50.00                                     |  |  |   |  |
| 11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |  |  |  |   |  |
| <b>SIGNATURE:</b> <i>TRICIA DOODY, Manager</i>  |  |  |  |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |  |  |   |  |
| Date <i>4/8/04</i> Daytime Phone # <i>407-741-8500</i>  |  |  |  |   |  |