APPROVE

## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000003878 02 FEB 15 PM 2: 20 CED CAPITAL HOLDINGS 2000 A. L.L.C. SECRETARY OF STAFE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR RD PO BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3614592 Not Applicable Zio Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE., STE 1100 ORLANDO FL 32801 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 |300004948253--9 Make Check Payable to Department of State -02/18/02--01053--013 Due By May 1, 2002 abbitons78-abbes \*\*\*\*50.00 9. MANAGING MEMBERS/MANAGERS 10. CR2E083 (9/01) TITLE ☐ Delete TITLE NAME CED CAPITAL HOLDINGS XVI, LTD. NAME 1551 SANDSPUR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 MGR TITLE ☐ Delete TITLE ☐ Addition Change NAME GINSBURG, ALAN H NAME STREET ADDRESS 1551 SANDSPUR RD STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-7/P MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCIARRINO, MICHAEL J NAME NAME STREET ADDRESS 1551 SANDSPUR RD STREET ADDRESS City-St-ZIP MAITLAND FL 32751 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition DOODY, TRICIA NAME NAME STREET ADDRESS 1551 SANDSPUR RD STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition BROCK, JAY P NAME NAME 1551 SANDSPUR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: SIGNATURE PECALIBODY, MANAGER & 213

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.

113/02 407/741-850