APPROYE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003879 02 FEB 11 PM12: 15 CED CAPITAL HOLDINGS 2000 B. L.L.C. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 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 Zip 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 Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVER., STE 1100 ORLANDO FL 32801 City Zip Code FL 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 400004912494--0 Make Check Payable to Department of State -02/13/02--01002--009 Due By May 1, 2002 *****50_00 ADDITIONS/CHANGES <u>*****50.00</u> MANAGING MEMBERS/MANAGERS 9. 10. MEM ☐ Change ☐ Addition TITLE ☐ Delete CED CAPITAL HOLDINGS XVI. LTD. 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 MGR TITLE ☐ Delete TITLE Change ☐ Addition GINSBURG, ALAN H NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP MGR TITLE Change ☐ Addition ☐ Delete TITL F SCIARRINO, MICHAEL J NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADORESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-7/P MGR Delete Change ☐ Addition TITLE DOODY, TRICIA ÑAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ☐ Addition BROCK, JAY P NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: SIGNATURE FROM DESDON, MANAGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Destrict Phone #