## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

| DOCUMENT # L0000003881  1. Entity Name CED CAPITAL HOLDINGS 2000 D, L.L.C. |   |  |                              |                  |                                       |   | FILED 01 JAN 26 PM 2: 37 |                               |                     |                                 |                     |                |  |
|--|---|--|------------------------------|------------------|---------------------------------------|---|--------------------------|-------------------------------|---------------------|---------------------------------|---------------------|----------------|--|
| Principal Place 1551 SANDSPL MAITLAND FL                                   | IR ROAD   | Mailing Address 1551 SANDSPUR ROAD MAITLAND FL 32751 |                              |                  |                                       | SECRETARY OF STATE TALLAHASSEE, FLORIDA                   |                          |                               |                     |                                 |                     |                |  |
| 2. Principal Pla   | ice of Business   | 3. Mailing Address                                   | Mailing Address              |                  |                                       |   |                          |                               |                     |                                 |                     |                |  |
| Suite, Apt. #  | , etc.  | 3. Mailing Address D. D. BOX Suite, Apt. #, etc.     |                              |                  |                                       | DO NOT WRITE IN THIS SPACE                                |                          |                               |                     |                                 |                     |                |  |
| City & State   |   | City & State   | City & State ORUANDO, FC     |                  |                                       | 4. FEI Number Applied For Not Applied For Not Applied For |                          |                               |                     |                                 |                     | ]              |  |
| Žip  | Country   | 32802  | Country                      | 4                | 5 Cortificate of Status Posicad S5.00 |   |                          |                               |                     | \$5.00 Add                      | ditional            | -{             |  |
|  | 6. Name and Address of Current  | Registered Agent                                     |                              |                  | 7.                                    | Name an   | d Address                | of New Reg                    | istered             | Agent                           |                     | ]              |  |
|  | PORATE SERVICES OF CENTRAI<br>H ORANGE AVENUE, STE 1100   | L FLORIDA  |                              | Name<br>Street A | ddress (P.O.                          | Box Numb  | er is Not A              | cceptable)                    |                     | <del></del>                     |                     |                |  |
| ORLANDO  |   |  | City                         |                  |                                       | 0000035012102<br>-01/30/ <b>HL</b> -0 <b>f</b> 0499-015   |                          |                               |                     |                                 |                     |                |  |
| SIGNATURE  | amed entity submits this statement for  |  |                              |                  | registered a                          |   | oth, in the S            | tate of Florid                | DATE                | [] <sup>*</sup> *****           | **50.00             |                |  |
|  |   | FILE NO<br>Make Check Pay                            |                              |                  |                                       | ate   |                          |                               |                     |                                 |                     |                |  |
| 9.   | MANAGING MEMB   | ERS/MEMBERS  | 10.                          |                  |                                       |   | AD                       | DITIONS/CH                    | HANGES              |                                 |                     | 1              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      | · ·   | □ Delete   | TITLE NAME STREET A          | Address<br>- Zip | MBR<br>CED (<br>ISSI<br>MAIT          | CAP<br>SAND<br>AND  | TAL 1                    |                               | nes                 | Change XVI,                     | Addition            | (2E083 (11/00) |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      |   | ☐ Delete   | TITLE NAME STREET A          | ADDRESS          | MGR                                   | BURE<br>SANDS   | AL                       | TRUAT                         | ·<br>>              | ☐ Change                        | Addition            | CR2            |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      |   | . 🗀 Delete   | TITLE NAME STREET A          | ADDRESS          | MGR                                   | ZRIN<br>SANI  | 25 PU(<br>2) M((         | LHAER                         | より.<br>4D.          | Change                          | Addition            | <b>-</b>       |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      |   | Delete TITLE NAM STRE                                |                              | ADDRESS          | MGR<br>DOOD<br>1551<br>MAIT           | Y, TE   | ZICIA<br>IDSPL           | K R                           | ۵AD                 | ☐ Change                        | Addition            | 1              |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      |   | ☐ Delete   | TITLE NAME STREET A CITY-ST- | DDRESS           | MGR<br>BROCK<br>1551<br>MAITI         | L, JAY  | Y P.                     | R R                           | OAT.                | ☐ Change                        | Addition            |                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                      | /   | ☐ Delete   | TITLE<br>NAME<br>STREET A    | DDRESS<br>ZIP    | *                                     |   |                          |                               |                     | ☐ Change                        | Addition            |                |  |
| illulvat <del>o</del> u vi   | tify that the information supplied with<br>this report is true and accurate and<br>ity company or the receiver or trustee | unau nuv sionalure seeurgave m                       | e same lei                   | азгелес          | anem ti se t                          | HINDOR Oath   | r that I am              | Statutes. I fur<br>a managing | rther cert<br>membe | ify that the in<br>r or manager | formation<br>of the | )              |  |