APPRUVE.

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100000880 02 FEB | 5 PM 3: | | CED CAPITAL HOLDINGS 2001 A. L.L.C. SECRETARY OF STATE TATELAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1551 SANDSPUR ROAD MAITLAND FL 32751 MAITLAND FL 32751 3. Mailing Address P.D. BOX 4961 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For PC 59-34/4592 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired USA 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 AVENUE, SUITE 1100 ORLANDO FL 32751 Zip Code City 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 00004946356-Make Check Payable to Department of State -02/18/02--01023--017 Due By May 1, 2002 *****50.00 *****50.00 10. ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS MGR Change ☐ Addition TITLE ☐ Delete BROCK, JAY P NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete TITLE ☐ Change Addition TITLE SCIARRIND, MICHAEL J. 1557 SANDSPUR ROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAMANO, PL 32751 ☐ Delete Change Addition TITI F TITLE DOODY, TRICIA NAME NAME STI SÁNDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YA ITZANVIS . Addition ☐ Change ☐ Delete TITLE TITLE GINSBURG, ALAN NAME > NAME 1551 SANDSPUR ROT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE ÑAME 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

SIGNATURE:

limited liability company or the receiver or trustee-ex

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.