APPRU∀E:

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100001296 02 FFB 11 AMII: 57 CED CAPITAL HOLDINGS 2000 BB, L.L.C. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1651 CANDSPUR ROAD MAITLAND FL 32751 MAITLAND PL 32751 3. Mailing Address P.D. BOX 2. Principal Place of Business 496 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State DELANDO Not Applicable Zio 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. **SUITE 1100** ORLANDO FL 32751 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 900004912549---02/13/02--01002--021 Make Check Payable to Department of State Due By May 1, 2002 *****50.00 ****50.00 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES T/T/ F MGR □ Delete TITLE ☐ Change ☐ Addition NAME NAME BROCK, JAY P STREET ADDRESS STREET ADDRESS 1551 SANDSPUR ROAD CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 Change Addition Delete TITLE TITLE SCIARRINO, MICHAEL NAME NAME 1551 SANASPUR ROAD STREET ADDRESS STREET ADDRESS MAITLAND, PL 32751 CITY-ST-ZIP CITY-ST-ZIE MGR ☐ Change Addition Delete TITLE TITLE DOODY, TRICIA NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MATLAND, PL 3275) MGR Addition ☐ Change ☐ Delete TITI F TITLE GINSBURG, ALAN H. NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

CITY-ST-ZIP

Daytime Phone #