APPROPRIA

2002 UNIFORM BUSINESS REPORT (UBR)

AND DOCUMENT # L0100001308 02 FEB 15 PH 3: 16 CED CAPITAL HOLDINGS 2001 G. L.L.C. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1551 SANDSPUR ROAD MAITLAND FL 32751 MAITI AND EL 32751 2. Principal Place of Business 3. Mailing Address 7.0. BOX 4961 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3614592 DELANDO Not Applicable Zip Country 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 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 reinstation) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State J02000063754 -02/18/02--01023--<u>0</u>13 Due By May 1, 2002 ADDITIONS FOR AND STATES ***** 50.00 9. MANAGING MEMBERS/MANAGERS 10. MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition BROCK, JAY P NAME STREET ADDRESS 0551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete TITLE MGR Addition ☐ Change DOODY, TRICIA NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND, PL 32751 MGR TITLE TITLE Delete ☐ Change SCI ARRINO, MICHAEL U. NAME NAME STREET ADDRESS STREET ADDRESS 1551 SANDSPUR ROAD CITY-SX-ZIF CITY-ST-ZIP MAIRAND, A 32751 MAR TITLE ☐ Delete TITLE ☐ Change Addition GINSBURG, ALAN H. 1551 SANDSPUR ROAD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND, PC 32751 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

GNATURE: SIGNATURE SPROLARDODY, MANAGER ALBIDATION SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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