AFFRUYE

Daytime Phone #

Date

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L01000001309 02 FEB 11 PM 12: 14 CED CAPITAL HOLDINGS 2000 Z, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1551 SANDSPUR ROAD MAITLAND FL 32751 MAITLAND FL 32751 H.O. BOX 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State ARLANDO, PC Not Applicable Zip Country \$5.00 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **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 City 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 Make Check Payable to Department of State 600004912506-Due By May 1, 2002 -02/13/02--01002--011 AGUNTOWES OHANGES *****50.00 MANAGING MEMBERS/MANAGERS 10. 9. MGR Change Delete TITLE TITLE BROCK, JAY P NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP Addition Change TITLE Delete TITLE SCIARRINO, MICHAEL J. NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS MAITLAND, PL 32751 CITY-ST-ZIP CITY-ST-ZIP MG R Addition ☐ Change ☐ Delete TITLE DOODY, TRICIA NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY #ST-ZIP CITY-ST-ZIP MA ITZANO, MER Addition TITLE Delete TITLE GINSBURA, ALAN H 1551 SANDSPUR ROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITI F □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 Strapter 608, Florida Statutes.

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