APPROVE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100006580 1. Entity Name 02 FEB 15 PM 3: 17 CED CAPITAL HOLDINGS 2001 H, L.L.C. SECRETARY OF STATE FALL'AHA'S SEE, FLORIDA Mailing Address Principal Place of Business -1551-SANDSPUR-ROAD 1551 SANDSPUR ROAD MAITLAND FL 32751 MAITLAND FL 32751 3. Mailing Address 2. Principal Place of Business to Box 496 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number F UKLANDO 59-3414592 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired <u>۵</u>۵۵ 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 N. ORANGE AVE., 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 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 100004946351--02/18/02--01023--012 Make Check Payable to Department of State Due By May 1, 2002 *****50.00 *****50.00 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS Addition Change TITLE ☐ Delete TITLE BROCK, JAY P. NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS MAITZAND, FC 32751 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE SCIARRINO, MICHAEL J. NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS MAITZAND, PC 32751 CITY-ST-ZIP CITY-ST-ZIP MGR Change Addition TITLE ☐ Delete DOODY, TRICIA NAME NAME 1557 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS MAITZAND, PL 32751 CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Change **X** Addition ☐ Delete TITLE TITI F GINSBURG, ALAN H. NAME NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS MAIRAND, FL 32751 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME △NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: MANAGER OR AUTHORIZED REPRESENTA

STREET ADDRESS

CITY-ST-ZIP

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