

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90317 003 ****50.00

DOCUMENT # L01000007090

1. Entity Name
CED/CONCORD EMPLOYEE INCENTIVE OWNERSHIP
2000 RESIDUAL, LLC



Principal Place of Business

1551 SANDSPUR ROAD
MAITLAND, FL 32751

Mailing Address

1551 SANDSPUR ROAD
MAITLAND, FL 32751

2. Principal Place of Business - No P.O. Box #

329 North Park Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Winter Park, FL

Zip
32789

Country

Orange

3. Mailing Address

329 North Park Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Winter Park, FL

Zip
32789

Country

Orange



02082007 Chg-LLC CR2E083 (12/06)

4. FEI Number

59-3742832

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CED CAPITAL HOLDINGS XI, LTD.
1551 SANDSPUR ROAD
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

329 North Park Avenue

Suite 300

City

Winter Park

FL

32789

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME MISSIGMAN, PAUL
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **329 North Park Avenue, Suite 300**
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/07
Date

407-741-8500
Daytime Phone #