FILED Jan 25, 2005 08:00 AM Secretary of State

ANNUAL REPORT	(IA I
DOCUMENT # L01000007096	
1. Entity Name CED/CONCORD EMPLOYEE INCENTIVE OWNERSHIP	A TOP
1998 CASH FLOW, LLC	6.6

Principal Place of Business

1551 SANDSPRUR ROAD MAITLAND, FL 32751

Māiling Address

1551 SANDSPRUR ROAD MAITLAND, FL 32751



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01102005 No Chg-LLC CR2E083 (10/03)

4.	FEI Number		Applied For
	59-3742835		Not Applicable
5.	Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

CED CAPITAL HOLDINGS IX, LTD. 1551 SANDSPRUR ROAD MAITLAND, FL 32751

the obligations of registered agent.

SIGNATURE:

DO NOT WRITE IN THIS SPACE

-17-05

Daytime Phone #

SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGR MISSIGMAN, PAUL 1551 SANDSPUR ROAD MAITLAND, FL 32751	<u>.</u>	U00000194911 _01/26/05-80007-006 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		American and the second	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-S1-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not of on this report is true and accurate and that my signature she billify company or the receiver or trustee empowered to exec	ualify for the exemption stated in Section 119.07(3 all have the same legal effect as if made under oa ute this report as required by Chapter 608, Florida	3)(i), Florida Statutes. I further certify that the information th; that I am a managing member or manager of the a Statutes.

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

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