

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015894

FILED
May 01, 2010
Secretary of State

Entity Name: CED CAPITAL HOLDINGS 2002 F, L.L.C.

Current Principal Place of Business:

329 NORTH PARK AVENUE
SUITE 300
WINTER PARK, FL 32789

New Principal Place of Business:

700 WEST MORSE BLVD.
220
WINTER PARK, FL 32789

Current Mailing Address:

P.O. BOX 4961
ORLANDO, FL 32802

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE. SUITE 1400
ORLANDO, FL 32751 US

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BROCK, JAY P
Address: 700 WEST MORSE BLVD., SUITE 220
City-St-Zip: WINTER PARK, FL 32789

Title: MGR
Name: SCIARRINO, MICHAEL J
Address: 700 WEST MORSE BLVD., SUITE 220
City-St-Zip: WINTER PARK, FL 32789

Title: MGR
Name: DOODY, TRICIA
Address: 700 WEST MORSE BLVD., SUITE 220
City-St-Zip: WINTER PARK, FL 32789

Title: MGR
Name: GINSBURG, ALAN H
Address: 1551 SANDSPUR ROAD
City-St-Zip: MAITLAND, FL 32751

Title: MGR
Name: MISSIGMAN, PAUL
Address: 700 WEST MORSE BLVD., SUITE 220
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: EDWARD J. KLEIMAN

MGR

05/01/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date