

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 FEB 15 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000017395

1. Entity Name
CED CAPITAL HOLDINGS 2002 L, L.L.C.

Principal Place of Business
**1551 SANDSPUR ROAD
MAITLAND FL 32751**

Mailing Address
**1551 SANDSPUR ROAD
MAITLAND FL 32751**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 4961
Suite, Apt. #, etc.

City & State
ORLANDO, FL

4. FEI Number
59-3614592

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

Zip Country Zip Country
32802 USA

6. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 NORTH ORANGE AVE.
SUITE 1100
ORLANDO FL 32751**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

700004946347--7
-02/18/02--01023--009
*******50.00 *****50.00**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BROCK, JAY P	1551 SANDSPUR ROAD	MAITLAND FL 32751	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
MGR	SCIARRINO, MICHAEL J.	1551 SANDSPUR ROAD	MAITLAND, FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	DODDY, TRICIA	1551 SANDSPUR ROAD	MAITLAND, FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGR	GINSBURG, ALAN H.	1551 SANDSPUR ROAD	MAITLAND, FL 32751	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: SIGNATURE TRICIA DODDY, MANAGER 2/13/02 407/741-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)

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