L01000018026

U	NIFORM BUSIN	ESS REI	PORT (U	BR)				0
DOCUMENT # L 010000/8036 1. Entity Name					FILED			
CED Capital Holdings 2002 N, L.L.C.					02 APR 17 AM 10: 1 -			
	DO NOT WRITI	E IN TH	IS SPAC	E	TAL	ECRETARY OF LAHASSEE.	STATE FLORIDA	
1551 Sandspur Road S.			Mailing Address SAME Suite, Apt. #, etc.					
			, , , , , , , , , , , , , , , , , , , ,		DO NOT WRITE IN THIS SPACE			
City & State C Maitland, FL			City & State		4. FEI Numb			Applied For Not Applicable
Zip 32751	Country US	Zip	Cour	ntry	5. Certificate	of Status Desired		5.00 Additional ee Required
				Name	7. Name and	Address of Curren	Registered A	Agent
DO NOT WRIT			 		Corporate Services (P.O. Box Number is Not Acceptable) ange Ave., Suite 1100			
IN THIS SPAC			5,000,000		ange Ave.	Suite 1100		
			City				FL	Zip Code 32301
8. The above	named entity submits this statement	for the purpose of c	changing its register	ed office or registe	red agent, or bo	th, in the State of FI	orida.	
SIGNATURE .	Signature, typed or printed name of registered ager	t and title if applicable			.		DATE	
			FEE IS \$50.00 Make Check Payable to Department o DUE BY MAY 1				DATE	
9.	MANAGING MEMB	ERS/MANAGERS	1		<u> </u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Michael J. Sciarrinc 1551 Sandspur Road Maitland, FL 32751			·		Br	,	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Alan H. Ginsburg 1551 Sandspur Road Maitland, FL 32751			.1	īĈ	76 '00005 -04/1	7 5 309 9/02(
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jay P. Brock 1551 Sandspur Road Maitland, FL 32751		· ·	l l	D	**** O NOT	*55.UU	****55.UU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Tricia Doody 1551 Sandspur Road Maitland, FL 32751			i.	IN	THIS	SPAC	E
TITLE NAME STREET ADDRESS CITY- ST- ZIP				T :		ptr.		

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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE: HEMBER MANAGER OF AUTHORIZED REPRESENTATIVE

Daytime Phone #