

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90256 001 \*\*\*250.00

**DOCUMENT # L01000019419**

1. Entity Name

**CED COMMERCIAL PROPERTY INVESTMENT, L.L.C.**

Principal Place of Business

**2390 E. CAMELBACK ROAD  
#210  
PHOENIX AZ 85016**

Mailing Address

**2390 E. CAMELBACK ROAD  
#210  
PHOENIX AZ 85016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**77-0558360**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
390 NORTH ORANGE SUITE 1100  
ORLANDO FL 32801**

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

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

(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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MGRM  
National Safe Harbor Exchanges  
a California corporation  
2390 East Camelback Road, Suite 210  
Phoenix, AZ 85016**

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

1/30/02

Date

602-850-8627

Daytime Phone #

**Karin A. Church, Authorized Representative**

CR2E083 (9/01)