

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # L01000020940

1. Entity Name

CED CAPITAL HOLDINGS 2002 Q, L.L.C.

02 MAR -7 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1551 SANDSPUR ROAD

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 4961

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MAITLAND, FL

City & State

ORLANDO, FL

FBI Number

59-3014592

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32802

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

B+C CORPORATE SERVICES OF CENTRAL FLORIDA, INC.

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

390 N. ORANGE AVENUE

SUITE 1100

City

ORLANDO

FL

Zip Code

32801

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GINSBURG, ALAN H.
1551 SANDSPUR ROAD
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600005072956--9
-03/08/02--01048--006
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCIARRINO, MICHAEL J.
1551 SANDSPUR ROAD
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DOODY, TRICIA
1551 SANDSPUR ROAD
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BROCK, JAY P
1551 SANDSPUR ROAD
MAITLAND, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

Date

Daytime Phone #

3/16/02

407/741-8500

CR2E083B (12/01)