2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L02000002461 1. Entity Name 03 APR 17 PM 4: 02 CED CAPITAL HOLDINGS 2002 GG, L.L.C. WILL MARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1551-SANDEPUR-ROAD 1551 SANDSPUR ROAD MAITLAND FL 32751 MATTLAND FL 32751 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEL Number Not Applicable 7in Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 00016953094 Make Check Payable to Florida Department of State 4/03--01033--003 **50,00 Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TITLE ☐ Delete TITLE Change ☐ Addition NAME BROCK, JAY P NAME STREET ADDRESS STREET ADDRESS 1551 SANDSPUR ROAD CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL 32751 MGR TITLE ☐ Delete TITLE Change Addition M GINSBURG, ALAN 4. NAME NAME 1551 SANDSALK ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MATCAND, FC TITLE ☐ Delete TITLE MSR Change Adaition NAME SCIARRIND, MICHAEL J. STREET ADDRESS STREET ADDRESS 1551 SANDSPUR CITY-ST-ZIP CITY-ST-ZIP MAITLAN ☐ Delete TITLE MGL Change Addition TITLE NAME NAME DOODY, TRICIA STREET ADDRESS STREET ADDRESS 15515ANDSPUR CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Channe NAME NAME STREET ADDRESS* STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this ifing 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

SIGNATURE REQUIRED

SIGNATURE: