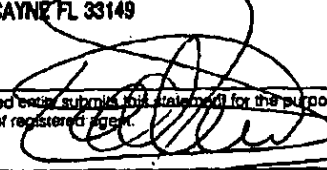
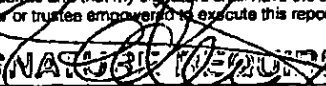


FILED
Feb 27, 2003 8:00 am
Secretary of State

01-27-2003 90080 014 ****50.00

1/27/

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000018908			
1. Entity Name CEDCO HOMES II, LLC			
Principal Place of Business 104 CRANDON BOULEVARD, SUITE 308A KEY BISCAYNE FL 33149		Mailing Address 104 CRANDON BOULEVARD, SUITE 308A KEY BISCAYNE FL 33149	
2. Principal Place of Business 3413 BANOS CT		3. Mailing Address 3413 BANOS CT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33134		Zip 33134	
Country		Country	
4. FEI Number 11-3646898		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CEDENO, GUILLERMO 104 CRANDON BOULEVARD, SUITE 308A KEY BISCAYNE FL 33149		7. Name and Address of New Registered Agent CEDENO, GUILLERMO 3413 BANOS CT CORAL GABLES FL 33134	
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		DATE	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS			
10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CEDCO CONSULTANTS CORP. 3413 BANOS CT CORAL GABLES, FL 33134		☐ Change ☐ Addition	
PRESIDENT GUILLERMO CEDENO 3413 BANOS CT CORAL GABLES, FL 33134		☐ Change ☐ Addition	
CORAL GABLES, FL 33134		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 REQUIRED			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date Daytime Phone #			

CR2E063 (10/02)