2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE OR PRINTED NAME OF SIGNAING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

| U | NIFORM BUSINI | ESS REPORT | (U | IBR) | | , | | | | Ŭ |
|---|--|---|---------------------|---|--|--|---|--------------------------------|-----------------------------|----------------|
| DOCUMENT # L02000031332 1. Entity Name CED CAPITAL HOLDINGS 2003 H, L.L.C. | | | | | | FILED | | | | |
| | | | | | 9 | 2003 | APR 17 | | ın | |
| Principal Plac | e of Business | Mailing Address | | | - | | | | | |
| 1551 SANDSPUR ROAD | | 1551-SANDSPUR ROAD MAITLAND FL 3275T | | | DIVILION OF CORPORATIONS FALLAHASSEE, FLORIDA | | | | | |
| 6 Principal C | None of Dunings | 2 Marillan Address | | · | | | | | | |
| 2. Principal Place of Business | | Mailing Address | DO ROX 40 | | | e il a ir ann a hEil ac hil i | | 11 136 111 00 11 | 11 11 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES | | | | | |
| City & Stat | | City & State DRI ando, | F | L | 4. FEI Nur | nber | | No | pplied For of Applicable | |
| Zip | Country | 32802 | Coun | ŠA | | ate of Status Desire | ° L F | 5.00 Add ee Require | | |
| | 6. Name and Address of Current | Registered Agent | | Name | 7. Name a | and Address of New | w Registered A | jent | | - |
| B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVE. | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | - |
| | 'E 1100 ANDO FL 32801 | | | | | | | | |] |
| | | | | | FL Zip Code | | | | e |] |
| SIGNATURE | Signature, typed or printed name of registered agent | | N!!! I | d Agent signature requir FEE IS \$50.00 orida Departm ay 1, 2003 | | | 95211 9-033 * | . 1 *50.00 | | 1 |
| 9. | MANAGING MEMBE | RS/MANAGERS | 10. | | | ADDITIO | NS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BROCK, JAY P 1551 SANDSPUR ROAD MAITLAND FL 32751 | ☐ Delete | | 1 | | | | Change | Addition | R2E083 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | E FT ADDRESS 15 | ATL | G, ALAN NOSPUR HND, FL | 3275 | Change | Addition | CRS |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | LR SIARRI SISA IAITI | ND, MIC NOSPUR AND, F | HAELJ ROAD L 327 | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | | DOY, | TRICIA DOSPUR WO, FL | _ | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-Z | | ☐ Delete | | 13 - 1- | issign 51 SA ALTL | van, Pa NOSpur ANO, FG | ul | Change | Addition | |
| NAME STREET AD JACSS CITY-ST-ZIP | | ☐ Delete | | | | , | · [| Change | Addition | |
| indicated | certify that the information supplied with on this report is true and accurate and billity company or the receiver or trusted. | that my signature shall have the | e same port as | e legal effect as if required by Cha | made under or | ath; that I am a mai | es. I further certif naging member | y that the ir or manage | nformation r of the | |

Date

Daytime Phone #