

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 13 PH 2:25

DOCUMENT # L02000031471

1. Entity Name

CED Capital Holdings 2003 L, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1551 Sandspur Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Maitland, Florida

City & State

4. FEI Number
59-3614592

Applied For
Not Applicable

Zip
32751

Country

US

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

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 Ave., Suite 1100

City
Orlando

FL

Zip Code
32801

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
Manager
Alan H. Ginsburg
1551 Sandspur Road
Maitland, Florida 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Michael J. Sciarrino
1551 Sandspur Road
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Jay P. Brock
1551 Sandspur Road
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Tricia Doody
1551 Sandspur Road
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Paul Missigman
1551 Sandspur Road
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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

1-8-03

Date

407/741 8800

Daytime Phone #

TRICIA DOODY
MANAGER

CR2E083B (12/01)