

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

FILED

03 JAN 13 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031476

1. Entity Name

CED Capital Holdings 2003 J, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1551 Sandspur Road

Suite, Apt. #, etc.

3. Mailing Address

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

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\$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

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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

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager

Paul Missigman

1551 Sandspur Road

Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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 MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TRICIA DOODY
MANAGER

Date

Daytime Phone #

CR2E083B (12/01)