

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

DOCUMENT # L02000031479

1. Entity Name

CED CAPITAL HOLDINGS 2003 N, L.L.C.



FILED

2003 APR 17 AM 3:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1551 Sandspur Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4961

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Maitland, FL

City & State

Orlando, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32751

Country

Zip

32802

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

B+C Corporate Services of Cent. Fla., 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

000016951416

04/24/03--01030--017 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

manager

Jay P. Brock

1551 Sandspur Road

Maitland, FL 32751

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

manager

Tricia Duddy

1551 Sandspur Road

Maitland, FL 32751

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

manager

Alan H. Einsburg

1551 Sandspur Rd.

Maitland, FL 32751

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

manager

Paul Misigman

1551 Sandspur Rd.

Maitland, FL 32751

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

manager

Michael J. Sciarvino

1551 Sandspur Rd.

Maitland, FL 32751

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

CR2E083B (12/02)