


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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| DOCUMENT # L02000031481 | |  | |
| 1. Entity Name CED CAPITAL HOLDINGS 2003 K, L.L.C. | | | |
| Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751 | | Mailing Address 1551 SANDSPUR ROAD MAITLAND, FL 32751 | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. BOX 4961 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State ORLANDO, FL | |
| Zip | Country | Zip | Country |
| 32802 | US | | |
| 4. FEI Number 59-3614592 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE STE. 1100 ORLANDO, FL 32801 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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. (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BROCK, JAY P 1551 SANDSPUR ROAD MAITLAND, FL 32751 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 900049336039 03/29/05--01008--012 **50.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCIARRINO, MICHAEL J 1551 SANDSPUR ROAD MAITLAND, FL 32751 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BROCK, JAY P 1551 SANDSPUR ROAD MAITLAND, FL 32751 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOODY, TRICIA P 1551 SANDSPUR ROAD MAITLAND, FL 32751 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MISSIGMAN, PAUL 1551 SANDSPUR ROAD MAITLAND, FL 32751 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: 3/9/05 Daytime Phone #: 407/741-8500 | |