

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

DOCUMENT # L02000031481

1. Entity Name

CED Capital Holdings 2003 K, LLC

FILED

03 JAN 13 PM 2:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

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

**DO NOT WRITE  
IN THIS SPACE**

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

700010136177  
01/15/03--01082--007 \*\*\$5.00

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

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

TRICIA DOODY  
MANAGER

1-9-03

407/741-8500

CR2E083B (12/01)