2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

| DOCUMENT # L02000034345 1. Entity Name CED STUART POINTE, L.L.C. | | | | | FILEL 2005 JAN 10 PM 3:54 | | | | | |
|---|--|----------------------------------|---------------------------------------|---|-------------------------------------|--------------------------|------------------------------------|-----------------------------------|-----------------------------|--|
| Dringing Place | o of Punisana | · Mailing Address | - | | | יי יוונג | | rm 3 | : 54 | |
| Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751 | | PO BOX 4961 ORLANDO, FL 32802 | | DIVISION OF CORPORATIONS ALLAHASSEE, FLORIDA | | | | | | |
| 2. Principal P | lace of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01032005 | Chg-LLC | CR2E083 | (10/03) | | | |
| City & State | | City & State | | | 4. FEI Number NOT API | nber APPLICABLE | | | oplied For ot Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of | f Status Desired | | 5.00 Add e Require | | |
| | 6. Name and Address of Curren | t Registered Agent | | | 7. Name and | Address of New F | Registered Ag | ent | | |
| BIC CODE | PORATE SERVICES OF CEN | ITRAL FLORIDA | Name | | | | | | | |
| 390 NORT | H ORANGE AVENUE, SUITE D, FL 32801 | | | Address (| (P.O. Box Number is Not Acceptable) | | | | | |
| | , | | City | | | FL Zip Code | | | | |
| | named entity submits this statement fi ions of registered agent. | or the purpose of changing its | registered office of | r register | ed agent, or both | , in the State of Flo | orida. I am fan | niliar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agen | it and title if applicable. (NOT | E: Registered Agent signs | ture required | when reinstating) | | DATE | | | |
| Fi De | ling Fee Is \$50.00 ue by May 1, 2005 | | | | | | e check pay a Departmen | | ·e | |
| 9. | MANAGING MEMB | | 10. | 1 | | ADDITIONS | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | MGR BROCK, JAY P 1551 SANDSPUR ROAD MAITLAND, FL 32751 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | · L | □ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GINSBURG, ALAN H 1551 SANDSPUR ROAD MAITLAND, FL 32751 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 01/1 | 00044 1/050103 | _ | Change 7 4 4 () **55 | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCIARRINO, MICHAEL J 1551 SANDSPUR ROAD MAITLAND, FL 32751 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |] Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOODY, TRICIA 1551 SANDSPUR ROAD MAITLAND, FL 32751 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | |] Change | ☐ Addition | |
| TI VE NAME STREET ADDRESS CITY-ST-ZIP | MGR MISSIGMAN, PAUL 1551 SANDSPUR ROAD MAITLAND, FL 32751 | ☐ Delete | TIFLE NAME STREET ADDRESS CITY-ST-ZIP | | | | C |] Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ De!ete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | ☐ Change | ☐ Addition | |
| indicated | certify that the information supplied wit on this report is true and accurate and bility company or the receiver or truste | d that my signature shall have | the same legal effe | act as if m | nade under oath; | that I am a manag | I further certify ging member o | that the i | nformation er of the | |
| SIGNAT | URE: | OF SIGNING MANAGING MEMBER, MA | NAGER, OR AUTHORIZE | D REPRESE | 1/7/0. | 5 C | 107/74 | 1-8 ma Phone # | <u>500</u> | |