

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

DOCUMENT # **L02006034345**

1. Entity Name

1 CED STUART POINTE, L.L.C.



FILED

03 JAN 14 PH 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1551 SANDSPUR ROAD
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 **USA**

Zip **32802**

Country **USA**

5. Certificate of Status Desired

\$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 AVENUE, 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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGR GINSBURG, ALAN H. 1551 SANDSPUR ROAD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NGR SCIARRINO, MICHAEL J. 1551 SANDSPUR ROAD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOODY, TRICIA 1551 SANDSPUR ROAD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROCK, JAY P. 1551 SANDSPUR ROAD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MISSIGMAN, PAUL 1551 SANDSPUR ROAD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100010136211 01/15/03--01082--009 **\$5.00
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

407-741-8500

Date Daytime Phone #