2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOODY, TRICIA

1551 SANDSPUR ROAD

1551 SANDSPUR ROAD

MAITLAND, FL 32751

MAITLAND, FL 32751

MISSIGMAN, PAUL

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L03000004231** 05 MAR 22 AM 10: 15 CED CAPITAL HOLDINGS 2003 T. L.L.C. Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND, FL 32751 ORLANDO, FL 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chq-LLC CR2E083 (10/03) City & State City & State Applied For 4. FEI Number NOT APPLICABLE Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE STE. 1100 ORLANDO, FL 32801 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. 100049335441 03/29/05--01006--018 **50 MGR TITLE ■ Addition □ Delete TITLE NAME BROCK, JAY P NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP MGR TITLE Change ☐ Addition ☐ Delete TITLE GINSBURG, ALAN H NAME NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-SY-ZIP MAITLAND, FL 32751 CITY-ST-71P MGR ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME SCIARRINO, MICHAEL J NAME 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP ☐ Delete TITLE MGR TITLE Change ☐ Addition

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Addition

11.1 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 accurate this report as required by Chapter 608, Florida Statutes.

NAME

TITI F

NAME

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Onto Daylime Phone #