2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State
02-12-2004 90115 032 ****50.00

34000006

MOORE CR2E083 (11/03)

DOCUMENT # L03000005967

1. Entity Name
CEF HOLDINGS, LLC

Principal Place of Business	Mailing Address
4930 SANDPIPER LANE ST. PETERSBURG FL 33711	4930 SANDPIPER LANE ST. PETERSBURG FL 33711

2. Principal Place of Business		3. Mailing Address	
5420 BAY CENTER DRIVE			
Suite, Apt. #, etc. #250		Suite, Apt. #, etc.	
City & State TAMPA, FLORIDA		City & State	
Zip 33609	Country HILLSB.	Zip	Country

4. FEI Number 55-0824732 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEDKE, MICHAEL A
PIPER RUDNICK LLP
101 EAST KENNEDY BLVD., STE. 2000
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name BRUCE FRIEMAN
Street Address (P.O. Box Number is Not Acceptable) 4930 Sandpiper Lane
City St. Petersburg FL Zip Code 33711

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] 2-8-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman Bruce Frieman 4930 Sandpiper Lane St. Petersburg, Florida33771	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Bruce Carpenter 5026 Greystone Way Birmingham, Alabama 35242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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] Bruce Frieman 2-8-04 813-490-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #