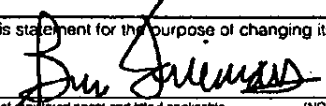
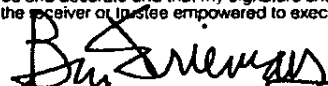


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-12-2004 90115 032 ****50.00

DOCUMENT # L03000005967 1. Entity Name CEF HOLDINGS, LLC					
Principal Place of Business 4930 SANDPIPER LANE ST. PETERSBURG FL 33711			Mailing Address 4930 SANDPIPER LANE ST. PETERSBURG FL 33711		
2. Principal Place of Business 5420 BAY CENTER DRIVE Suite, Apt. #, etc. #250 City & State TAMPA, FLORIDA		3. Mailing Address Suite, Apt. #, etc. City & State 			
Zip 33609	Country HILLSB.	Zip 	Country 	4. FEI Number 55-0824732	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For Not Applicable	
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:  2-8-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 Chairman ☐ Delete NAME Bruce Frieman STREET ADDRESS 4930 Sandpiper Lane CITY-ST-ZIP St. Petersburg, Florida 33771	TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE President ☐ Delete NAME Bruce Carpenter STREET ADDRESS 5026 Greystone Way CITY-ST-ZIP Birmingham, Alabama 35242	TITLE ☐ Change ☒ Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP				
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition 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:  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 #					