2004 LIMITED LIABILITY COMPANY

	ANITOAL	REPORT					
DOCUMENT # L0300006332 1. Entity Name CED CAPITAL HOLDINGS 2003 EE, L.L.C.					F	ILED	
CED CAFITAL HOLDINGS 2003 EE, L.L.C.					SECCETA	22 M 9: 25	
Principal Place of Business 1551 SANDSPUR ROAD		Mailing Address 1551 SANDSPUR ROAD			TALLAHAS	TY OF STATE SEE, FLORIDA	
MAITLAND, F	FL 32751	MAITLAND, FL 32751	n/				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		- 111	01152004 Chg-LLC	CR2E083 (10/03)	
City & State		City & State			4. FEI Number	Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desire	\$ 65.00 · · · ·	
	6. Name and Address of Current I	Registered Agent			7. Name and Address of Ne	w Registered Agent	
B&C COR	PORTE SERVICES OF CENTS	PAL ELOPIDA	Name				
B&C CORPORTE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801			Street A	Street Address (P.O. Box Number is Not Acceptable)			
				City Zip Code			
 The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. 				ſĸĿŢŢ			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE: E	Registered Agent signa	hura ranulusad			
		I (TOTAL)	ACTION OF A STATE OF THE	mie reduited	whom relinstating)	DATE	
Filing Fee Is \$50.00 Due by May 1, 2004						Make check payable to rida Department of State	
9,	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIO	NS/CHANGES	
TITLE		10) 110 110 1010		,			
MAME	MGR	☐ Delete	TITLE			Change Addition	
NAME STREET ADDRESS	MGR BROCK, JAY P 1551 SANDSPUR ROAD		TITLE NAME		01730742877	☐ Change ☐ Addition	
	BROCK, JAY P		TITLE		017307842877	Change	
STREET ADDRESS	BROCK, JAY P 1551 SANDSPUR ROAD		TITLE NAME STREET ADORESS	mai		Change	
STREET ADDRESS CITY-ST-ZIP , TITLE NAME	BROCK, JAY P 1551 SANDSPUR ROAD	☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Sci	L arrino, Mich	5-004 **55.00 Change Addition	
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SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

119 04 407-741-8500 Daytime Phone #