

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011236 1. Entity Name CED CAPITAL HOLDINGS 2003 MM, L.L.C.				 04 APR 12 PM 3:30 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND, FL 32751		Mailing Address 1551 SANDSPUR ROAD MAITLAND, FL 32751			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 4961 Suite, Apt. #, etc.			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 03032004 Chg-LLC CR2E083 (10/03)	
Zip 32802		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES OF CENTRAL FL INC 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO, FL 32801				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROCK, JAY P 1551 SANDSPUR ROAD MAITLAND, FL 32751 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000002835148 04/15/04--01017--003 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINSBURG, ALAN H. 1551 Sandspur Road Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCIARINO, Michael J. 1551 Sandspur Road Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOODY, TRICIA 1551 Sandspur Road Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Missigman, Paul 1551 Sandspur Road Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4/8/04 407-741-8500 <small>Date Daytime Phone #</small>		

TRICIA DOODY, Manager