

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 JAN 10 PM 2:50

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



01032005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000034533</b> 1. Entity Name CED CAPITAL HOLDINGS 2004 A, L.L.C.	
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Principal Place of Business 1551 SANDSPUR RD. MAITLAND, FL 32751	Mailing Address <del>1551 SANDSPUR RD.</del> MAITLAND, FL 32751
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 4961  Suite, Apt. #, etc.
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City & State Orlando, FL	City & State Orlando, FL	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Zip 32802	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  B&C CORPORATE SERVICES OF CENTRAL FL, INC 390 N. ORANGE AVE., STE. 1100 ORLANDO, FL 32801	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, JAY P	NAME	
STREET ADDRESS	1551 SANDSPUR RD.	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCIARRINO, MICHAEL J	NAME	
STREET ADDRESS	1551 SANDSPUR RD.	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOODY, TRICIA	NAME	
STREET ADDRESS	1551 SANDSPUR RD.	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBURG, ALAN H	NAME	
STREET ADDRESS	1551 SANDSPUR RD.	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISSIGMAN, PAUL	NAME	
STREET ADDRESS	1551 SANDSPUR RD.	STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 32751	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** TRICIA DOODY, MANAGER 1/7/05 407/741-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #