2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT #1.04000008238



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Entity Name CED CAPITAL HOLDINGS 2004 O, L.L.C.						05 MAR 22	AM IO:	47	
Principal Place 1551 SANDS MAITLAND, FI	PUR RD	Mailing Address 1551 SANDSPUR RD. MAITLAND, FL. 32751				AIR AIRI ADIN ARNI BAIN			
2. Principal Place of Business		3. Mailing Address. P.O. BOX 4961							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062005	Chg-LLC	CR2E08		
City & State		ORLANDO, FC			4. FEI Number			<u> </u>	plied For t Applicable
Zip	Country	32802	Country			f Status Desired	U ř	5.00 Add	
	6. Name and Address of Current	legistered Agent Name			7. Name and Address of New Registered Agent				
390 N ORA	PORATE SERVICES OF CENT ANGE AVE, STE 1100 P, FL 32801				(P.O. Box Number is Not Acceptable)				
			City			 	FL	Zip Cod	e
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Fi Di	ling Fee is \$50.00 ue by May 1, 2005					check pa Departme	yable to		
9.	MANAGING MEMBE		10.			□ Voori orex			*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROCK, JAY P 1551 SANDSPUR RD MAITLAND, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		03/29/	/0501006-	023	िकः संस्तितिः" ।	NULL Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOTE 02101	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGI DOOR 1551 MA	DY, TRI	CIA SPUR ROI), PL 307		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM MISS 1551 MAI	K SIGMAI SINDS TLAND	V, PAUL SPUR ROI , FL 327S	1 D	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MA	Z	MICHAEL PUR ROAD), FE 307		☐ Change	Addition
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TITLE #AME *STREET ADDRESS CITY-ST-ZIP		☐ Detete	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 cath; 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 AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Disjunct Proce of									