2005 LIMITED LIABILITY COMPANY

SIGNATURE:

FILED SECRETARY OF STATE **ANNUAL REPORT** DIVISION OF CORPORATIONS **DOCUMENT # L04000012142** 05 MAR 22 AM 10: 37 CED CAPITAL HOLDINGS 2004 V, L.L.C. Principal Place of Business Mailing Address 1551 SANDSPUR RD -1551 SANDSPUR RD-MAITLAND, FL 32751 MAITLAND, FL 32751 illing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-LLC CR2E083 (10/03) Applied For City & State 4. FFI Number Not Applicable Zip \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FL INC** Street Address (P.O. Box Number is Not Acceptable) 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR **600049335568** 03/29/05--01006--025 **50.00 ☐ Addition TITLE ☐ Delete TITLE BROCK, JAY P NAME NAME 1551 SANDSPUR RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TITLE MGR. ☐ Change Addition ☐ Delete TOTAL NAME NAME DY TRICIA ROAD SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MA MAND, TITLE Delete MISSIGMAN, PAUL NAME NAME STREET ADDRESS STREET ADDRESS 1551 SANDSPUR ROA CITY-ST-ZIP CITY-ST-ZIP 1AITLAND, FO Change **D**Addition TITLE ☐ Delete TITLE NAME CARRINO, MICHAEL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS (TY-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.

NO MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE