2005 LIMITED LIABILITY COMPANY

SIGNATURE:
SIGNATURE AND EXPEROR PRINTED NAME OF SIGNIN

FILED **ANNUAL REPORT** SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # L04000017618** 05 MAR 22 AM 10: 33 CED CAPITAL HOLDINGS 2004 AA, L.L.C. Principal Place of Business Mailing Address 1551 SANDSPUR RD. 1551 SANDSPUR RD. MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E083 (10/03) Chg-LLC City & State Applied For City & State OFLANDO 4. FEI Number FZ Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 2802 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **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 City 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 SIGNATURE 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 10. ADDITIONS/CHANGES MGR TITLE ☐ Addition Delete TITLE ☐ Change NAME BROCK, JAY P NAME 700049335717 03/29/05--01008--005 STREET ADDRESS 1551 SANDSPUR RD. STREET ADORESS **50.00 CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP NGR. TITLE ☐ Delete TITLE Change Addition DOODY, TRICIA 1551 SANDSPUR ROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MAITLAND, FZ 3275/ MGR TITLE TITLE ☐ Change Addition ☐ Delete SCIAPRIND, MICHAEL NAME NAME STREET ADDRESS 1551 SANDSFUR ROAD MAITLAND, FE 32751 STREET ADDRESS CITY-ST-ZIP MAITLAND, FE MGR CITY-ST-ZIP Addition TITLE TITLE Change Delete MISSIGMAN, PAUL 1557 SANDSPUR ROAD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change N/MF NAME STREET ADDRESS STREET ADORESS CITY ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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.

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE