


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90027 016 \*\*\*\*50.00

<b>DOCUMENT # L04000028595</b>					
<b>1. Entity Name</b> CED FINANCIAL SERVICES, LLC					
<b>Principal Place of Business</b> 1551 SANDSPUR ROAD MAITLAND, FL 32751 US			<b>Mailing Address</b> P.O. BOX 4961 ORLANDO, FL 32802 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 875 Concourse Parkway Suite APT. #, etc. 150 City & State: MAITLAND, FL Zip: 32751 Country: US			
Suite, Apt. #, etc.		City & State			
City & State		Zip		Country	
Zip		Country		<b>4. FEI Number</b> 20-1121753	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> B&C CORPORATE SERVICES OF CENT. FLA., INC. 390 NORTH ORANGE AVE., SUITE 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 FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GINSBURG, ALAN H 875 CONCOURSE PARKWAY S., SUITE 150 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, GENE 875 CONCOURSE PARKWAY S., SUITE 150 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, GENE 875 CONCOURSE PARKWAY S., SUITE 150 MAITLAND, FL 32751	<input type="checkbox"/> Delete			
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Gene Harris</u> <u>4/26/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					