

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028595

Entity Name: CED FINANCIAL SERVICES, LLC

FILED  
Apr 28, 2008  
Secretary of State

## Current Principal Place of Business:

1551 SANDSPUR ROAD  
MAITLAND, FL 32751 US

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 4961  
ORLANDO, FL 328024961 US

## New Mailing Address:

1551 SANDSPUR ROAD  
MAITLAND, FL 32751 US

FEI Number: 20-1121753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

B&C CORPORATE SERVICES OF CENT. FLA., INC.  
390 NORTH ORANGE AVENUE  
SUITE 1400  
ORLANDO, FL 32801 US

## Name and Address of New Registered Agent:

CARPENTER, KEREY C ESQ  
1551 SANDSPUR ROAD  
MAITLAND, FL 32751 US

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.

SIGNATURE: KEREY CARPENTER

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GINSBURG, ALAN H  
Address: 1551 SANDSPUR ROAD  
City-St-Zip: MAITLAND, FL 32751

Title: MGR ( ) Delete  
Name: HARRIS, GENE  
Address: 1551 SANDSPUR ROAD  
City-St-Zip: MAITLAND, FL 32751

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GENE HARRIS

MGR

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date