2005 LIMITED LIABILITY COMPANY

FILED SECRETARY OF STATE **ANNUAL REPORT** DIVISION OF CORPORATIONS **DOCUMENT # L04000090518** 05 MAR 22 AM 10: 18 CED CAPITAL HOLDINGS 2005 E. L.L.C. Principal Place of Business Mailing Address 1551 SANDSPUR ROAD -1551 SANDSPUR ROAD-MIATLAND, FL 32751 MIATLAND, FL 32751 2. Principal Place of Business 3. Mailing Address P.O. Box Suite, Apt. #, etc. Suite, Apt, #, etc. 02162005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For rlando Not Applicable Zip Country 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 **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVE. **SUITE 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 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 Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Change ☐ Addition Delete BROCK, JAY P NAME NAME 200049336002 03/29/05--01008--011 **50.00 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIATLAND, FL 32751 CITY-ST-ZIP TITLE MGR ☐ Delete THILE ☐ Change ☐ Addition DOODY, TRICIA P NAME NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-7/P MIATLAND, FL 32751 CITY-ST-ZIP TITLE MGR ☐ Delete ☐ Change TITLE ☐ Addition NAME MISSIGMAN, PAUL P NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MIATLAND, FL 32751 CITY-ST-ZIF TITLE ☐ Defete TITLE ☐ Change ☐ Addition SCIARRINO, MICHAEL J NAME NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MIATLAND, FL 32751 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 leport as required by Chapter 608, Florida Statutes.

ANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: