2005 LIMITED LIABILITY COMPANY

* FILED **ANNUAL REPORT** SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # L04000091027 05 MAR 22 AM 10: 59 CED CAPITAL HOLDINGS 2005 L. L.L.C. Principal Place of Business Mailing Address 1551 SANDSPUR ROAD 1551 SANDSPUR RUAD -MAITLAND, FL 32751 MAITLAND, FL 32751 2. Principal Place of Business Mailing Address
P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc 02162005 Chg-LLC CR2E083 (10/03) City & State City & State
Orlando, FL Applied For 4. FEI Number Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 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 FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE STE 1100 ORLANDO, FL 32801 Zip Code City FI 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 little 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 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR ☐ Change ☐ Addition TITLE Detete TITLE **500049335405** 03/29/05--01006--017 **50 NAME BROCK, JAY P NAME **50.00 1551 SANDSPUR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP MGR TITLE ☐ Change ☐ Addition ☐ Delete DOODY, TRICIA NAME NAME STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-7IP TITLE TITLE ☐ Change ☐ Addition Delete NAME MISSIGMAN, PAUL STREET ADDRESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP Delete ☐ Change TITLE MGR Addition TITLE SCIARRINO, MICHAEL J NAME NAME STREET ADORESS 1551 SANDSPUR ROAD STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP TITLE □ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STATET ADDRESS STREET ADDRESS CITY 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 his report as required by Chapter 608, Florida Statutes.

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