## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900008100  1. Entity Name CED CAPITAL HOLDINGS XIV K, L.L.C.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  OI JAN 26 PM 2: 18					
Principal Place of Business Mailing Address 1551 SANDSPUR ROAD P.O. BOX 4961 MAITLAND FL 32751 ORLANDO FL 32802							ULJAN	26 FF	1 2. 10		
2 Principal P	llogo of Rusiness	3. Mailing Address								<b>e</b> enii <b>ee</b> ni 1 <b>ee</b> <b>e</b> enii <b>ee</b> ni 1 <b>ee</b>	
2. Principal Place of Business 3. I		3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City & State				4. FEI Number	NOT APPLIC	CABLE		oplied For ot Applicable	]
Zip Country		Zip Count		ry		5. Certificate of	Status Desired		\$5.00 Ad Fee Require		7
	6. Name and Address of Current Re	gistered Agent		7. Name and Address of New Registered Agent					gent		$\exists$
B&C CORPORATE SERVICES OF CENTRAL FLORIDA,				Name ————							
INC. 390 NORTH ORANGE AVENUE, SUITE 1100				Street Address (P.O. Box Number is Not Acceptable)							
ORLANDO	O FL 32751						- "-			•	
			Ì	City				FL	Zip Cod	e	1
SIGNATURE .	named entity submits this statement for the stat					en reinstating)		DATE			
		FILE NO Make Check Pay		•		State					
9.	MANAGING MEMBER		10.	<del></del>		<del></del>	ADDITIONS/	CHANGES	Change	Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BROCK, JAY P 1551 SANDSPUR ROAD MAITLAND FL 32751	☐ Delete		i					Change	Addition	E000 /44 /0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOODY, TRICIA 1551 SANDSPUR ROAD MAITLAND FL 32751	☐ Delete							Change	Addition	)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCIARRINO, MICHAEL J 1551 SANDSPUR ROAD MAITLAND FL 32751	☐ Delete				50	0003: -01/30. *****	/U1U	号 <b>的</b> 等 1057— *****	012	
NAME STREET ADDRESS CITY-ST-ZIP	MGR GINSBURG, ALAN H 1551 SANDSPUR ROAD MAITLAND FL 32751	☐ Delete	•	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDITS CITY-ST-ZIP	MGRM CED CAPITAL HOLDINGS XVI, LTD ⊰1551 SANDSPUR ROAD ™MAITLAND FL 32751	□ Delete		T ADDRESS ST-Zip					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	T ADDRESS ST-ZIP					☐ Change	Addition	
11. I hereby of indicated limited lia	certify that the information supplied with the on this report is true and accurate and the bility company or the receiver or trustee e	is filing does not qualify for at my signature shall have the mpowered to execute this re	the exer he same eport as	nption state legal effect required b	ed in Secti ct as if mad y Chapter	on 119.07(3)(i), l de under oath; th 608, Florida Stat	Florida Statutes. I nat I am a managi tutes.	further cert ng membe	ify that the in	nformation er of the	