

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008101

1. Entity Name
CED CAPITAL HOLDINGS XIV L, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 26 PM 2:17

Principal Place of Business
1551 SANDSPUR ROAD
MAITLAND FL 32751

Mailing Address
P.O. BOX 4961
ORLANDO FL 32802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ \$5.00 Additional 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,
INC. 390 NORTH ORANGE AVENUE, SUITE 1100
ORLANDO FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR BROCK, JAY P
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME ☐ Change ☐ Addition
700003602937--2
-01/30/01--01134--014
*****55.00 *****55.00
☐ Change ☐ Addition

TITLE NAME ☐ Delete
MGR DOODY, TRICIA P
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGR SCIARRINO, MICHAEL J
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGR GINSBURG, ALAN H
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
MGR CED CAPITAL HOLDINGS XVI, LTD.
STREET ADDRESS 1551 SANDSPUR ROAD
CITY-ST-ZIP MAITLAND FL 32751

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/25/01

407/741-8500

CR2E083 (11/00)