

2000 UNIFORM BUSINESS REPORT (UBR)

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APPROVED
AND
FILED

00 MAR 31 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf112



DO NOT WRITE IN THIS SPACE .

DOCUMENT # M99000001170	
1. Entity Name CED CAPITAL HOLDINGS VIII, L.L.C.	
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751	Mailing Address 1551 SANDSPUR ROAD MAITLAND FL 32751-6132
2. Principal Place of Business	3. Mailing Address P.O. BOX 4961
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State ORLANDO, FL
Zip	Zip 32802
Country	Country USA

4. FEI Number 42-1487419	Applied For <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required <input checked="" type="checkbox"/>

6. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FLORIDA
390 N ORANGE AVE
SUITE 1100
ORLANDO FL 38201

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CED CAPITAL HOLDINGS, L.L.C. 1551 SANDSPUR ROAD MAITLAND FL 32751 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003208253--6 -04/13/00--01122--026 ****250.00 ****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *GENE HARRIS*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER
BY: MAXX... *MEMBER*
BY: MAXX... GENERAL PARTNER
Date _____ Daytime Phone # _____

CFR2E083 (9/99)