

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAR 31 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*mf 4/12*



DO NOT WRITE IN THIS SPACE

<b>DOCUMENT #</b>	<b>M99000001797</b>
1. Entity Name <b>CED CAPITAL HOLDINGS III, L.L.C.</b>	

Principal Place of Business <b>1551 SANDSPUR ROAD MAITLAND FL 32751</b>	Mailing Address <b>1551 SANDSPUR ROAD MAITLAND FL 32751-6132</b>
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2. Principal Place of Business	3. Mailing Address <b>P.O. BOX 4961</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <b>ORLANDO, FL</b>
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Zip	Country	Zip	Country
		<b>32802</b>	<b>USA</b>

4. FEI Number <b>42-1489419</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>B &amp; C CORPORATE SERVICES OF CENTRAL FLORID A, INC. 390 NO. ORANGE AVE., SUITE 1100 ORLANDO FL 38201</b>	
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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 \_\_\_\_\_ (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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CED CAPITAL HOLDINGS, L.L.C. 1551 SANDSPUR ROAD MAITLAND FL 32751</b>	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  
**GENE HARRIS, PRESIDENT**

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E083 (9/99)