

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000001798	
1. Entity Name CED CAPITAL HOLDINGS II, 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	Country	Zip 32802	Country USA

6. Name and Address of Current Registered Agent B & C CORPORATE SERVICES OF CENTRAL FLORIDA A, INC. 390 NO. ORANGE AVE., SUITE 1100 ORLANDO FL 38201	
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4. FEI Number 42-1489419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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

<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State</p>	
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9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CED CAPITAL HOLDINGS, L.L.C. 1551 SANDSPUR ROAD MAITLAND FL 32751 <div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div><input type="checkbox"/> Delete</div>
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div><input type="checkbox"/> Delete</div>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> 100003208251--2 -04/13/00--01122--026 ****250.00 ****50.00 <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	<div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>

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: <u>GENE HARRIS</u> BY: CED CAPITAL HOLDINGS, L.L.C. sole member BY: MAXX HOLDINGS, L.P. general partner	DATE: _____ DAYTIME PHONE #: _____

AND FILED
00 MAR 31 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
mf4112



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)