

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # M02000003249

1. Entity Name  
 CEA ASSOCIATES, LLC



Principal Place of Business  
 101 EAST KENNEDY BLVD, STE. 3300  
 TAMPA, FL 33602

Mailing Address  
 101 EAST KENNEDY BLVD, STE. 3300  
 TAMPA, FL 33602



02102004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4223948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, BRAD A  
 101 EAST KENNEDY BLVD, STE. 3300  
 TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

U00000116674  
 04/16/04-80074-012 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MICHAELS, J. PATRICK
STREET ADDRESS	101 E. KENNEDY BLVD., STE 3300
CITY-ST-ZIP	TAMPA, FL 33602

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

Date

Daytime Phone #