


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90026 016 ****50.00

DOCUMENT # M02000003249 1. Entity Name CEA ASSOCIATES, LLC	
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Principal Place of Business 101 EAST KENNEDY BLVD, STE. 3300 TAMPA, FL 33602	Mailing Address 101 EAST KENNEDY BLVD, STE. 3300 TAMPA, FL 33602
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DO NOT WRITE IN THIS SPACE



01132005 No Chg-LLC CR2E083 (10/03)

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MICHAELS, J. PATRICK 101 E. KENNEDY BLVD., STE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date *4/19/05*

Daytime Phone #