


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90146 039 ****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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04252006	Chg-LLC	CR2E083 (11/05)
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	7. Name and Address of New Registered Agent
GORDON, BRAD A 101 EAST KENNEDY BLVD, STE. 3300 TAMPA, FL 33602	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. 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, 2006		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
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	MGRM CEA Group, LLC 101 East Kennedy Blvd, Suite 3300 Tampa, FL 33602
<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR J. Patrick Michaels, Jr. 101 East Kennedy Blvd, Suite 3300 Tampa, FL 33602
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brad A. Gordon 101 E. Kennedy Blvd, Suite 3300 Tampa, FL 33602
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bob Berger 101 E. Kennedy Blvd, Suite 3300 Tampa, FL 33602
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Waldo Glasman 101 E. Kennedy Blvd, Suite 3300 Tampa, FL 33602
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alex Rossi 101 E. Kennedy Blvd, Suite 3300 Tampa, FL 33602
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* Date: 4/24/06 Daytime Phone #: 813-226-8844

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