

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90998 039 *****50.00

DOCUMENT # M02000003249

1. Entity Name

CEA ASSOCIATES, LLC



0000704

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

101 E. Kennedy Blvd.

3. Mailing Address

101 E. Kennedy Blvd

Suite, Apt. #, etc.

3300

Suite, Apt. #, etc.

3300

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33602

Country

USA

Zip

33602

Country

USA

4. FEI Number

13-4223948

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Brad A. Gordon

Street Address (P.O. Box Number is Not Acceptable)

101 E. Kennedy Blvd. Suite 3300

City

Tampa

FL

Zip Code

33602

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

Brad A. Gordon

4/24/03

Signature, typed or printed name of registered agent and title if applicable.

Date

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

| | |
|-----------------|--------------------------------|
| TITLE | Managing Member |
| NAME | J. Patrick Michaels |
| STREET ADDRESS | 101 E Kennedy Blvd. Suite 3300 |
| CITY - ST - ZIP | Tampa, FL 33602 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
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**DO NOT WRITE
IN THIS SPACE**

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:

Brad A. Gordon

4/24/03

813/226-8844

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

Date

Daytime Phone #

CR2E083B (12/02)