

2001 UNIFORM BUSINESS REPORT (UBR)

0021893 AF

DOCUMENT # **L00000010586**

1. Entity Name
CONFERENCE MANAGEMENT ASSOCIATES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAR 27 PM 4:23

Principal Place of Business Mailing Address
2477 STICKNEY POINT ROAD SUITE 115 2477 STICKNEY POINT ROAD SUITE 115
SARASOTA FL 34231 SARASOTA FL 34231



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
5900 S. TAMiami TRAIL
SUITE I

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Sarasota FL 65-1043063 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
34231 USA

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS NETWORK, INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name CATHERINE L. ASTRONSKAS
Street Address (P.O. Box Number is Not Acceptable) 5900 S. TAMiami TRAIL
SUITE I
City Sarasota FL Zip Code 34231

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 *Catherine L. Astronskas* DATE 2-19-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		
TITLE NAME	MGR GRINGORTEN, BARRY	<input type="checkbox"/> Delete
STREET ADDRESS	2477 STICKNEY POINT ROAD SUITE 115	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8000039593338 -- 1	
CITY-ST-ZIP	--04/04/01--01077--014	
	*****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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]* SIGNATURE REQUIRED DATE 3-22-01 DAYTIME PHONE #

CR2E083 (11/00)