2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L0000015791

Entity Name
 CPA ASSOCIATES, P.L.C.

FILED
Jan 17, 2006 08:00 AM
Secretary of State

Principal Place of Business

1301 SIXTH AVENUE WEST, SUITE 600 BRADENTON, FL 34205-7440

Mailing Address

1301 SIXTH AVENUE WEST, SUITE 600 BRADENTON, FL 34205-7440



01052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1064045 Applied For Not Applicate

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

KING, JEFFREY L 1301 SIXTH AVENUE WEST, SUITE 600 BRADENTON, FL 34205-7440

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 according to the obligations of registered agent.

SIGNATURE.

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

(NÖTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

<u> </u>	
9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARLAR, JERRY 1301 SIXTH AVE W., STE 600 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KING, JEFFREY L 1301 SIXTH AVE W., STE 600 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HOFFNER, DALE R 1301 SIXTH AVE W., STE 600 BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STATHIS, STAM W 1301 SIXTH AVE W., STE 600 BRADENTON, FL 34205
NAME STREET ADDRESS CITY -ST-ZIP	
TITLE NAME STREET ADDRESS	

1/00000388723 0<u>1/2</u>9/<u>06</u>-80016-025 50.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND T

DEFFICEY L. IX INC.
DESPONDENTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

liston

941-747-448

Oate

Daytime Phone #