


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90245 005 \*\*\*\*50.00

<b>DOCUMENT # L02000002292</b> 1. Entity Name <b>CORPORATE &amp; ADVISORY ASSOCIATES, LLC</b>	
---	---

Principal Place of Business <b>757 TROPICAL CIRCLE SARASOTA, FL 34242</b>	Mailing Address <b>757 TROPICAL CIRCLE SARASOTA, FL 34242</b>
--	--

**DO NOT WRITE IN THIS SPACE**



02142006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-2978362</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**BUCKNELL, PHILIP  
757 TROPICAL CIRCLE  
SARASOTA, FL 34242**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BUCKNELL, PHILIP 757 TROPICAL CIRCLE SARASOTA, FL 34242</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **941 346 2509**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #