


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L03000044277</b><br>1. Entity Name<br><b>CMA, LC</b> |  |
|--|---|

|  |  |
|--|--|
| Principal Place of Business<br><b>101 PLAZA REAL SOUTH<br/>SUITE H<br/>BOCA RATON FL 33432</b> | Mailing Address<br><b>101 PLAZA REAL SOUTH<br/>SUITE H<br/>BOCA RATON FL 33432</b> |
|--|--|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |
| City & State                                   | City & State        |
| Zip  | Country             |

1st MOORE CR2E083 (10/06)

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>TRIPP SCOTT, P.A.<br/>110 SE 6TH STREET, 15TH FLOOR<br/>FT LAUDERDALE FL 33301</b> | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |
|---|--|

|   |  |
|---|--|
| 4. FEI Number<br><b>20-0388550</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

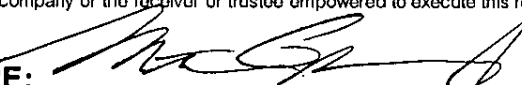
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|  |  |      |
|--|--|------|
| SIGNATURE  | (NOTE: Registered Agent signature required when reinstating) | DATE |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2007</b> |  |      |

| 9. MANAGING MEMBERS/MANAGERS |                                     |
|------------------------------|-------------------------------------|
| TITLE                        | MGR <input type="checkbox"/> Delete |
| NAME                         | GREENWOOD, MARTY                    |
| STREET ADDRESS               | 101 PLAZA REAL SOUTH., STE. H       |
| CITY-ST-ZIP                  | BOCA RATON FL 33432                 |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY-ST-ZIP                  |                                     |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY-ST-ZIP                  |                                     |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY-ST-ZIP                  |                                     |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY-ST-ZIP                  |                                     |

| 10. ADDITIONS/CHANGES |   |
|-----------------------|---|
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

|   |         |                 |
|---|---------|-----------------|
| <b>SIGNATURE:</b>  | 3.21.07 | Date            |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date    | Daytime Phone # |