2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000051128

1. Entity Name
CPA WEALTH MANAGEMENT, LLC



Mailing Address

Principal Place of Business 2147 S. TAMIAMI TRAIL OSPREY, FL 34229

PO BOX 810 OSPREY, FL 34229

FILED Jan 18, 2006 08:00 AM Secretary of State



01132006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	{ }	Applied For
59-3621252	 	Not Applicable
5. Certificate of Status Desired	\$5.00 /	

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, OF AUTHORIZED REPRESENTATIVE

6. Name and Address of Current Registered Agent

SNYDER, C. JACK 2147 S. TAMIAMI TRAIL OSPREY, FL 34229

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered egent and title II applicable.	(NOTE, Registered Agent signature required when reinstating)	DAYE
	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR CYPRESS FINANCIAL SERVICES, INC. 2147 S. TAMIAMI TRAIL OSPREY, FL 34229		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			######################################
DILE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY -ST - ZIP			
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
11. (hereby of indicated limited lia	certify that the information supplied with this filing does not con this report is true and accurate and that my signature should be company or the receiver or trustee empowered to execute the contract of t	qualify for the exemptions contained in Chapter 11 half have the same legal effect as if made under or order by Chapter 608, Florid	Florida Statutes. I further certify that the information ath; that I am a managing member or manager of the a Statutes.