2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L04000051128

1. Entity Name

CPA PORTFOLIO ADVISORS, LLC



FILED Jan 31, 2008 08:00 AN Secretary of State

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

Mailing Address PO BOX 810 OSPREY, FL 34229



01292008 No Chg-LLC

CR2E083 (12/07)

Daylime Phone #

Date

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

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 char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature required when reinstating) DATE		
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	000000807122 02/06/08-80065-011 138.75	
9.	MANAGING MEMBERS/MANAGERS		
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			
TITLE 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-ST-ZIP			
indicated	on this report is true and accurate and that my signature s	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information that have the same legal effect as if made under oath; that ham a managing member or manager of the scute this report as required by Chapter 608, Florida Statutes	