

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052573

**FILED**  
**Jan 12, 2006**  
**Secretary of State**

**Entity Name:** C.E.A. FINANCIAL SERVICES LLC

**Current Principal Place of Business:**

814 SW 29TH ST  
PALM CITY, FL 34990

**New Principal Place of Business:**

3595 SW SUNSET TRACE CIRCLE  
PALM CITY, FL 34990

**Current Mailing Address:**

814 SW 29TH ST  
PALM CITY, FL 34990

**New Mailing Address:**

3595 SW SUNSET TRACE CIRCLE  
PALM CITY, FL 34990

**FEI Number:** 34-2004902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARANGO, CLARA E  
814 SW 29TH ST  
PALM CITY, FL 34990 US

**Name and Address of New Registered Agent:**

ARANGO, CLARA E  
3595 SW SUNSET TRACE CIRCLE  
PALM CITY, FL 34990 US

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.

**SIGNATURE:**

01/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ARANGO, CLARA E  
Address: 814 SW 29TH ST  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ARANGO, CLARA E  
Address: 3595 SW SUNSET TRACE CIRCLE  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** CLARA E ARANGO

MGR

01/12/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date