



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000086281 1. Entity Name CBA LLC	
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Principal Place of Business 3463 EDGEWATER DR SUITE B ORLANDO, FL 32804 US	Mailing Address 3463 EDGEWATER DR SUITE B ORLANDO, FL 32804 US
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DO NOT WRITE IN THIS SPACE


01082008No Chg-LLC CR2E083 (12/07)

4. FEI Number 76-0773017	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAROTHERS, CARL
3463 EDGEWATER DR
SUITE B
ORLANDO, FL 32804**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000778877
01/11/08-80015-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAROTHERS, CARL 3463 EDGEWATER DR SUITE B ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENEDICT, BRUCE 3463 EDGEWATER DR SUITE B ORLANDO, FL 32804
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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:  **CARL CAROTHERS** 1/8/08 407-420-1186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #