2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000055787

Entity Name: CPA SERVICES, LLC

FILED May 18, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4426 FULTON RD

1454 HOLLY OAKS LAKE RD W

JACKSONVILLE, FL 32225 US

JACKSONVILLE, FL 32225 US

Current Mailing Address: New Mailing Address:

4426 FULTON RD
JACKSONVILLE, FL 32225 US

1454 HOLLY OAKS LAKE RD W
JACKSONVILLE, FL 32225 US

FEI Number: 34-2048712 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

EKKAWI, IRENE T

4431 FULTON RD

JACKSONVILLE, FL 32225 US

EKKAWI, IRENE T

1454 HOLLY OAKS LAKE RD W

JACKSONVILLE, FL 32225 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: IRENE EKKAWI 05/18/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 EKKAWI, IRENE T
 Name:
 EKKAWI, IRENE T

 Address:
 4431 FULTON RD
 Address:
 1454 HOLLY OAKS LAKE RD W

Address: 4431 FULTON RD Address: 1454 HOLLY OAKS LAKE RD City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: JACKSONVILLE, FL 32225

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: IRENE EKKAWI MGR 05/18/2006