

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90083 012 ****50.00

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DOCUMENT # L05000056559 1. Entity Name CBA SERVICE CENTER LLC					
Principal Place of Business 1005 SOUTH CONGRESS AVE SUITE 110 DELRAY BEACH, FL 33445			Mailing Address 1005 SOUTH CONGRESS AVE SUITE 110 DELRAY BEACH, FL 33445		
2. Principal Place of Business 990 S. CONGRESS AVE		3. Mailing Address 990 S. CONGRESS AVE			
Suite, Apt. #, etc. Suite 4		Suite, Apt. #, etc. Suite 4			
City & State DELRAY BEACH, FL		City & State DELRAY BEACH, FL		4. FEI Number 20-2876141	
Zip 33445		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIERRE-LOUIS, BERNARD 990 SOUTH CONGRESS AVE SUITE 4 DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name KERVENS JEAN-FRANCOIS Street Address (P.O. Box Number is Not Acceptable) 2127 SW 13th Street City DELRAY BEACH FL Zip Code 33445		
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 Kervens Jean-Francois DATE 07-14-2006 <small>Signature, typed or printed name of registered agent and title if applicable (If not, Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JEAN-FRANCOIS, KERVENS 2127 SW 13TH STREET DELRAY BEACH, FL 33445			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NADIA SAINT CYR, MARIE 821 RICH DRIVE TIVOLI # 103 DEERFIELD BEACH, FL 33441			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Delete	
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 609, Florida Statutes.					
SIGNATURE: KERVENS Jean-Francois				Date 07-14-06 Daytime Phone # 561-278-6900	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					