2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000045484 1. Entity Name
CBA ASSOCIATES LLC



ODA AGO	1001A120, 220		1				_		
Principal Place of Business 2475 MOUNT MITCHELL DRIVE MOUNT DORA, FL 32757		Mailing Address 2475 MOUNT MITCHELL DRIVE MOUNT DORA, FL 32757			, , , , , , , , , , , , , , , , , , ,	•			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132008	Chg-LLC	CR2E	83 (12/06)		
City & State		City & State		4. FEI Numbe 20-8243				pplied For	
Zip	Country	Zip ~	Country			of Status Desired		\$5.00 Ad Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered	Agent	
CL A DIZE	ITANI A		Name	1			,		
CLARKE, JEAN A 2475 MOUNT MITCHELL DRIVE MOUNT DORA, FL 32757		Street Addre		Address (P.O. Box Numbe	r is Not Acceptal	ole)		
	0,01,72 02701								
			City				FL	Zip Coc	ie
	named entity submits this statement for	r the purpose of changing its re	gistered office	or register	red agent, or both	n, in the State of	Florida. 1 am	familiar with,	and accept
the obligat	ions of registered agent.								
SIGNATURE .	Signature, typed or printed name of registered agent of	and title if applicable. (NOTE: R	egistered Agent sig	nature required	I when reinstating)		DATE		
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	: NOW!!! FEE IS \$138.75				-	,	ike check p da Departm	-	مريين باريانات
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	3			-	,	ike check ; da Departn	-	
After May	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	10.			Flori	, ,	ent of Stat	
9.	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBE		TITLE			Flori	da Departn	ent of Stat	te Addition
9. TITLE NAME	MANAGING MEMBE MGR CLARKE, JEAN A	RS/MANAGERS	TITLE NAME	<u> </u>		Flori	da Departn	ent of Stat	
9.	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBE	RS/MANAGERS	TITLE	s		Flori	da Departn	ent of Stat	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR CLARKE, JEAN A 2475 MOUNT MITCHELL DRIVE	RS/MANAGERS	TITLE NAME STREET ADDRES	s		Flori	da Departn	ent of Stat	
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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.

arke 0. SIGNATURE:

ID TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

258-Date/ Daytime Phone #

FILED

Apr 17, 2008 8:00 am Secretary of State

04-17-2008 90172 027 ***138.75