2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000588

1. Entity Name
CPA ASSET MANAGEMENT GROUP, L.L.C.

FILED
01 FEB -1 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
215 5TH STREET SUITE 200
WEST PALM BEACH FL 33401

Mailing Address
215 5TH STREET SUITE 200
WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0754870 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MINER, WILLIAM B
215 5TH STREET SUITE 200
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent
Name: Elhilow, Mark B.
Street Address (P.O. Box Number is Not Acceptable): 215 Fifth Street, Suite 200
City: West Palm Beach FL Zip Code: 33401

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.

SIGNATURE [signature], Mark B. Elhilow, Managing Member
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

500003708355--2
-02/16/01--01142--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	☐ Delete
NAME	HOLT, EDWARD T	
STREET ADDRESS	215 5TH STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	MGRM	☐ Delete
NAME	ELHILOW, MARK B	
STREET ADDRESS	215 5TH STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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STREET ADDRESS		
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TITLE		☐ Delete
NAME		
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CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] 1-29-01 561-659-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone #

CR2E083 (11/00)