## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L9700000588

1. Entity Name

CPA ASSET MANAGEMENT GROUP, L.L.C.



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215 5TH STREET SUITE 200 WEST PALM BEACH, FL 33401

Principal Place of Business

Mailing Address

215 5TH STREET SUITE 200 WEST PALM BEACH, FL 33401

## FILED Apr 26, 2004 08:00 AM Secretary of State



04222004 No Chg-LLC

CR2E083 (10/03)

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

ELHILOW, MARK B 215 5TH STREET SUITE 200 WEST PALM BEACH, FL 33401

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char ions of registered agent	nging its registered office or registered agent, or both, in the	State of Florida I am familiar with, and accept
SIGNATURE.	Signature types or printed name of registered agent and title if applicable	MOTE Description	
Signature types of printed name of registered agent and tale it applicable		(NOTE Registered Agen) signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004		U00000123260 04/26/04-80031-010 50.00	
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	HOLT, EDWARD T		
STREET ADDRESS	215 5TH STREET SUITE 200		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	MGRM		
NAME	ELHILOW, MARK 8		
STREET ADDRESS	215 5TH STREET SUITE 200		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE			i
NAME			
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11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-22-01 (561)659-30GC

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