


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90132 037 ****50.00

DOCUMENT # L97000000588	
1. Entity Name CPA ASSET MANAGEMENT GROUP, L.L.C.	

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
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2. Principal Place of Business - No P.O. Box # 101 N. Clematis St. Suite, Apt. #, etc. Suite 220 City & State West Palm Beach, FL Zip 33401 Country USA	3. Mailing Address P.O. Box 3505 Suite, Apt. #, etc. City & State West Palm Beach, FL Zip 33402 Country USA
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01042007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0754870	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ELHILOW, MARK 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) 101 N. Clematis St., Suite 220 City West Palm Beach FL Zip Code 33401
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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 Mark B. ElhiLow, Managing Member DATE 1-8-2007
(Signature, typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating))

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOLT, EDWARD T 215 5TH STREET SUITE 200 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 N. Clematis St., Suite 220 West Palm Beach, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELHILOW, MARK B 215 5TH STREET SUITE 200 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 N. Clematis St., Suite 220 West Palm Beach, FL 33401
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Mark B. ElhiLow DATE 1/8/07 DAYTIME PHONE # 561-659-3301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

MARK B. ELHILOW, MANAGING MEMBER