
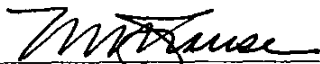


FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90305 003 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

20005138

DOCUMENT # L99000003299			
1. Entity Name CPA CAPITAL MANAGEMENT LLC			
Principal Place of Business 1250 9TH STREET NORTH, STE 211 NAPLES, FL 34102		Mailing Address 1250 9TH STREET NORTH, STE 211 NAPLES, FL 34102	
2. Principal Place of Business - No P.O. Box # 2865 64th St. SW Suite, Apt. #, etc.		3. Mailing Address 2865 64th St. SW Suite, Apt. #, etc.	
City & State Naples, FL Zip 34105 Country USA		City & State Naples, FL Zip 34105 Country USA	
4. FEI Number 65-0939119		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		02212007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent KRAUSE, WILLIAM N 1250 9TH STREET NORTH, STE 211 NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Krause, William N. Street Address (P.O. Box Number is Not Acceptable) 2865 64th Street SW City Naples FL Zip Code 34105	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP MGRM KRAUSE, WILLIAM N 1250 9TH STREET NORTH, STE 211 NAPLES, FL 34102 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2865 64th Street SW Naples, FL 34105	
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	
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	
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: 		William N. Krause 2/21/07 239-263-2279	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	