

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		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	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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
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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.			
SIGNATURE: <u>William N. Krause</u>		Date: <u>2/21/07</u> Daytime Phone: <u>239-263-2279</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			