

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003299

FILED
May 01, 2009
Secretary of State

Entity Name: CPA CAPITAL MANAGEMENT LLC

Current Principal Place of Business:

2865 65TH ST SW
NAPLES, FL 34105 US

New Principal Place of Business:

532 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043 US

Current Mailing Address:

2865 65TH ST SW
NAPLES, FL 34105 US

New Mailing Address:

532 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 65-0939119 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRAUSE, WILLIAM N
2865 64TH ST SW
NAPLES, FL 34105 US

Name and Address of New Registered Agent:

KRAUSE, WILLIAM N
532 ARTHUR MOORE DRIVE
GREEN COVE SPRINGS, FL 32043 US

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: WILLIAM N KRAUSE

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRAUSE, WILLIAM N
Address: 2865 64TH ST SW
City-St-Zip: NAPLES, FL 34105 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRAUSE, WILLIAM N
Address: 532 ARTHUR MOORE DRIVE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MRGM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date