



**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M01000001683</b>	
1. Entity Name CEA CAPITAL MANAGEMENT, LLC	

Principal Place of Business 101 EAST KENNEDY BLVD., STE. 3300 TAMPA, FL 33602	Mailing Address 101 EAST KENNEDY BLVD., STE. 3300 TAMPA, FL 33602
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04302007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 59-3733100	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  JUNG, MING 101 EAST KENNEDY BLVD., STE. 3300 TAMPA, FL 33602
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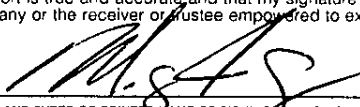
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee Is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CEA PRIVATE EQUITY PARTNERS, LLC 101 EAST KENNEDY BLVD., STE. 3300 TAMPA, FL 33602
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<p>U000000729726 05/08/07-80051-012 50.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date: 4-30-07 (813) 226-8844 <small>Daytime Phone #</small>