

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90105 021 \*\*\*\*50.00

**DOCUMENT # M02000000904**



1. Entity Name

**CAPITAL MANAGEMENT ASSOCIATES, LLC**

Principal Place of Business

**1245 W. FAIRBANKS AVE., SUITE 301  
WINTER PARK FL 32789**

Mailing Address

**1245 W. FAIRBANKS AVE., SUITE 301  
WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address

**PO Box 2080**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTERMEER, FLA**

Zip

Country

**34786**

**USA**

4. FEI Number

**32-0005556**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **CAPITAL MANAGEMENT ASSOCIATES, INC.**  
STREET ADDRESS **1245 W FAIRBANKS, SUITE 301**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **MGRM** ☐ Delete  
NAME **INLET COVE CAPITAL, LLC**  
STREET ADDRESS **3730 BOHICKET ROAD, SUITE 5**  
CITY-ST-ZIP **JOHNS ISLAND SC 29455**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

**DAVID A. RUSSO**

**FEB 3, 2004**

**401-909-1126**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #