

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000904

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** CAPITAL MANAGEMENT ASSOCIATES, LLC

**Current Principal Place of Business:**

6220 S ORANGE BLOSSOM TRAIL, STE 145  
ORLANDO, FL 32836 US

**New Principal Place of Business:**

6220 S ORANGE BLOSSOM TRAIL,  
STE 145  
ORLANDO, FL 32836 US

**Current Mailing Address:**

P O BOX 2080  
WINDERMERE, FL 34786 US

**New Mailing Address:**

6220 S. ORANGE BLOSSOM TRAIL  
STE 145  
ORLANDO, FL 32809 US

**FEI Number:** 32-0005556

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEXIS DOCUMENT SERVICES INC.  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAPITAL MANAGEMENT A, SSOCIATES, LL C .  
Address: 6220 SOUTH ORANGE BLOSSOM TRAIL, SUITE 145  
City-St-Zip: ORLANDO, FL 32809

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID A RUSSO

CEO

04/30/2007

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