

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001389

FILED
Jan 22, 2004
Secretary of State

Entity Name: CAPITAL MANAGEMENT ADVISORS, LLC

Current Principal Place of Business:

405 NORTH REO STREET
SUITE 200
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

405 NORTH REO STREET
SUITE 200
TAMPA, FL 33609

New Mailing Address:

FEI Number: 01-0691834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, NICOLINA A
405 NORTH REO STREET
SUITE 200
TAMPA, FL 33609

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/MEMBERS:

Title: MGRM () Delete
Name: STEWART, NICOLINA A
Address: 405 NORTH REO STREET, SUITE 200
City-St-Zip: TAMPA, FL 33609

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 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 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: NICOLINA A. STEWART

MGRM

01/22/2004

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