

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000001389

FILED
Jan 06, 2006
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:

405 NORTH REO STREET
SUITE 165
TAMPA, FL 33609

Current Mailing Address:

405 NORTH REO STREET
SUITE 200
TAMPA, FL 33609

New Mailing Address:

405 NORTH REO STREET
SUITE 165
TAMPA, FL 33609

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 US

Name and Address of New Registered Agent:

STEWART, NICOLINA A
405 NORTH REO STREET
SUITE 165
TAMPA, FL 33609 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: NICOLINA A. STEWART

01/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STEWART, NICOLINA A
Address: 405 NORTH REO STREET, SUITE 165
City-St-Zip: TAMPA, FL 33609

I hereby certify that the information supplied with this filing does not qualify for the 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: NICOLINA A. STEWART

MGRM

01/06/2006

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