2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # M0200001389



FILED
May 02, 2007 8:00 am
Secretary of State

1. Entity Name CAPITAL MANAGEMENT ADVISORS, LLC					05-02-2007 90354 025 ****50.00			
Principal Place of Business 4890 W. Kennedy Blvd SUITE 280 TAMPA, FL 33609		Mailing Address 4890 W. Kennedy Blvd SUITE 280 TAMPA, FL 33609		-				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		(M02000001389C)				
Suite, Apt. #, etc.		Suite, Apri. #, etc.		05012007 Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Number 01-0691834			Applicable	
Zip Country		Zip	Country		5. Certificate of Status Desired		00 Addi Required	
	6. Name and Address of Current	Registered Agent -			7. Name and Address of New Re	gistered Agen	t	
				Name				
STEWART 4890 W. Ki TAMPA, FI		 	Street Address (P.O. Box Number is Not Acceptable)					
				City		FL	Zip Code	
8. The above the obligate SIGNATURE	named entity submits this statement for its of registered agent. Signifum, typed or printed name of registered agent.	- Nico	lina	ed office or register A S d Agent algorithms require	Hewart, fres	,	iar with, a	1
Filing Fee Is \$50.00 Due by May 1, 2007						10,000,000		
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Fi Do	lling Fee Is \$50.00 ue by May 1, 2007 MANAGING MEMBE		10.		all probables of a confidence results	Department of CHANGES	of State	
9. TITLE	MANAGING MEMBE	RS/MANAGERS	TITLE		Florida	Department of CHANGES	ugu e efter salabila	Addition
9. TITLE NAME	MANAGING MEMBE MGRM STEWART, NICOLINA A		TITLE	E	Florida	Department of CHANGES	of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM STEWART, NICOLINA A 4890 W. Kennedy Blvd, Ste 280		TITLE NAME STREE	ET ADDRESS	Florida	Department of CHANGES	of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM STEWART, NICOLINA A	□ Delete	TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP	Florida	Department CHANGES	of State	Addition
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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.

recute this report as required by chieffina A Stwart 5/1/04