

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M02000001389

FILED  
Jan 10, 2003  
Secretary of State

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

## Current Principal Place of Business:

100 2ND AVE. SOUTH, STE. 605  
ST. PETERSBURG, FL 33701

## New Principal Place of Business:

405 NORTH REO STREET  
SUITE 200  
TAMPA, FL 33609

## Current Mailing Address:

100 2ND AVE. SOUTH, STE. 605  
ST. PETERSBURG, FL 33701

## New Mailing Address:

405 NORTH REO STREET  
SUITE 200  
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  
100 2ND AVE. SOUTH, STE. 605  
ST. PETERSBURG, FL 33701

## Name and Address of New Registered Agent:

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

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

01/10/2003

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: STEWART, NICOLINA A  
Address: 100 2ND AVE. SOUTH, STE. 605  
City-St-Zip: ST. PETERSBURG, FL 33701

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: STEWART, NICOLINA A  
Address: 405 NORTH REO STREET, SUITE 200  
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 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

01/10/2003

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