

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90014 037 ****50.00

DOCUMENT # M02000003249

1. Entity Name
CEA ASSOCIATES, LLC



Principal Place of Business
101 EAST KENNEDY BLVD, STE. 3300
TAMPA, FL 33602

Mailing Address
101 EAST KENNEDY BLVD, STE. 3300
TAMPA, FL 33602

60052814



07062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4223948

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, BRAD A
101 EAST KENNEDY BLVD, STE. 3300
TAMPA, FL 33602

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEA GROUP, LLC 101 E. KENNEDY BLVD., STE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAELS, J. PATRICK JR 101 E KENNEDY BLVD STE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, BRAD A 101 E KENNEDY BLVD STE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGER, BOB 101 E KENNEDY BLVD STE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GLASMAN, WALDO 101 E KENNEDY BLVD STE 3300 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSSI, ALEX 101 E KENNEDY BLVD STE 3300 TAMPA, FL 33602

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7-76-07