

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001781

FILED
Aug 01, 2005
Secretary of State

Entity Name: CE ASSET MANAGEMENT, LLC

Current Principal Place of Business:

4371 NORTHLAKE BLVD., #104
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4371 NORTHLAKE BLVD., #104
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 16-1686755 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THOUBBORON, GARY S
4371 NORTHLAKE BLVD., #104
PALM BEACH GARDENS, FL 33410 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOUBBORON, GARY S
Address: 117 THORNTON DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOUBBORON, GARY S
Address: 117 THORNTON DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR () Change (X) Addition
Name: LEE, KORNBLUH
Address: 27 BRETON DRIVE
City-St-Zip: PINE PINE BROOK, NJ 07058

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: GARY S THOUBBORON

MGRM

08/01/2005

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