2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# M04000005042

Entity Name: CEA CAPITAL GROUP, LLC

Current Principal Place of Business:

101 EAST KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

101 EAST KENNEDY BLVD., SUITE 3300
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-0218695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:	MGRM	( ) Delete
Name:	CEA CAPITAL CORP.	
Address:	101 EAST KENNEDY BLVD., SUITE 3300	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGR	( ) Delete
Name:	MICHAELS, J P JR	
Address:	101 E KENNEDY BLVD, STE 3300	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGR	( ) Delete
Name:	GORDAN, BRAD A	
Address:	101 E. KENNEDY BLVD, STE 3300	
City-St-Zip:	TAMPA, FL 33602	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: BRAD A GORDON MGRM 04/06/2009

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