2000 UNIFORM BUSINESS REPORT (UBR)

M99000001691 DOCUMENT # 1. Entity Name FILED CEA MANAGEMENT, LLC 00 APR 10 AM 9: 20 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 101 EAST KENNEDY BOULEVARD. SUITE 3300 101 EAST KENNEDY BOULEVARD, SUITE 3300 **TAMPA FL 33602** TAMPA FL 33602-5151 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3590701 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BURNS, DAVID A Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNEDY BOULEVARD, SUITE 3300 **TAMPA FL 33602** Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 600003224216-FILE NOW!!! FEE IS \$50.00 -04/26/00--01013--014 Make Check Payable to Department of State *****50.00 *****50.00 MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 10. 9. Mar Change Addition Detate TITLE TITLE MGRM MING JUNG #3300 NAME NAME CEA CAPITAL ADVISORS, LLC RTREET ADDRESS STREET ADDRESS 101 EAST KENNEDY BOULEVARD, SUITE 3300 CITY- ST- ZIP CITY- ST- 7IP **TAMPA FL 33602** - Addition Change ☐ Detate TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition . Delete TITLE TITLE Mard BURNS NAME 121 & KENDELY BUND # 8300 RAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CFTY- ST- ZIP Change Addition Delete TITLE TITLE Scott Merkley E Kanpucky Bend # 3800 NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP TAMPA FL 33607 CITY-ST-ZIP Change ☐ Addition Delete TITLE resn TITLE BARD BORDON MAME STREET ABORESS STREET ADDRESS CITY- ST- 7IP CITY-ST-ZIP Addition [] Change Delete TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3 | March 2000 813 - 226 - 8844.

Date Dayling Phone #

SIGNATURE: