


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000001691	
1. Entity Name CEA MANAGEMENT, LLC	
	
Principal Place of Business 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602	Mailing Address 101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602



04212005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3590701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JUNG, MING
101 EAST KENNEDY BOULEVARD, SUITE 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

000000340238

04/28/05 80197 814 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CEA CAPITAL ADVISORS, LLC
STREET ADDRESS	101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	MGR
NAME	JUNG, MING
STREET ADDRESS	101 E KENNEDY BLVD., #3300
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	MGR
NAME	HORWITZ, ANGELA L
STREET ADDRESS	101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	MGR
NAME	GORDON, BRAD
STREET ADDRESS	101 E KENNEDY BLVD., #3300
CITY-ST-ZIP	TAMPA, FL 33602

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Angela Horwitz Angela Horwitz 4/25/2005 (813) 226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #