May	40,	$\mathbf{Z}\mathbf{U}$	UZ	σ .	JU	a
Sec						

COMMUNICATIONS EQUITY ASSOCIATES, LLC Principal Place of Business Mailing Address								y U1 St 26 013 ****50			
101 EAST KENNEDY BOULEVARD. SUITE 3300 10		101 EAST KENNEDY BOI TAMPA FL 33602	101 EAST KENNEDY BOULEVARD, SUITE 3300			867538					
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State						DO NOT WRITE IN THIS SPACE					
		City & State	City & State			4. FEI Number 59-3588764 Applie				pplied For	
Zip	Country	Zip	Zip Cour		5 Certificate of Status Desired			\$5.00 Ad	Not Applicable 5.00 Additional		
		ant Declatered & cont		<u> </u>	7. Name and Address of New Registered Age				Fee Require	3d	
تودن درست	6. Name and Address of Curre	ent riegistered Agent	·	~ Name~		/. Name	and Address of	New Hegist	erea Agent		
	rns, david a East Kennedy Boulevard,	SHITE 3300			Address (P.	O. Box N	lumber is Not Acc	eptable)			
	MPA FL 33602	OOT 6000									
				City					FL Zip Cod	le	
SIGNATURE _	Signature, typed or printed name of registered ag	FILE N Make Check P	IOW!!! ayable t	FEE IS	tment of		ng) .		DATE		
9.	MANAGING MEM	IBERS/MANAGERS	10.	 			ADDI ¹	IONS/CHAI	NGES		
TITLE NAME	MGRM COMMUNICATIONS EQUITY	GPOLIP 11 C	TITLI		MER T Pa		MICHAEL		Change	Addition	
STREET ADDRESS CITY-ST-ZIP	101 EAST KENNEDY BOULE TAMPA FL 33602		STRE	et address -st-zip	IDI EA	st ki	empery Bo	ALEVART	Suite 3	304	
TITLE Name Street address City-St-Zip	MGR BURNS, DAVID 101 EAST KENNEDY BOULE TAMPA FL 33602	VARD, SUITE 3300							☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR CARDY, TOM 101 EAST KENNEDY BOULE TAMPA FL 33602	VARD, SUITE 3300	NAM Stre	E Et address -St-Zip			•		- 🔲 Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MECKLEY, SCOTT 101 EAST KENNEDY BOULE TAMPA FL 33602	☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORDON, BRAD 101 EAST KENNEDY BOULE TAMPA FL 33602	VARD, SUITE 3300			48.				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11 WHI 71 L 00002	☐ Delete				<u> </u>			☐ Change	☐ Addition	
11. I hereby c	certify that the information supplied wo on this report is true and accurate a bility company or the receiver or trus	with this filing does not qualify for and that my signature shall have the empowered to execute this	or the exe	notion sta	ted in Secti ect as if mad by Chapter	on 119.0 de under 608. Flo	7(3)(i), Florida Sta oath; that I am a rida Statutes.	tutes. I furthe managing m	er certify that the in nember or manage	nformation er of the	