2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # M99000001739

1. Entity Name
CEA CAPITAL ADVISORS, LLC

Principal Place of Business	Mailing Address
101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602	101 EAST KENNEDY BOULEVARD, SUITE 3300 TAMPA, FL 33602

DO NOT WRITE IN THIS SPACE

04252006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3590740

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JUNG, MING G
101 W KENNEDY BLVD
SUITE 3300
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CEA GROUP COMPANIES, LLC
STREET ADDRESS	101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	GORDON, BRAD A
STREET ADDRESS	101 W KENNEDY BLVD, STE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	JUNG, MING
STREET ADDRESS	101 EAST KENNEDY BOULEVARD, SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	HORWITZ, ANGELA L
STREET ADDRESS	101 W KENNEDY BLVD, STE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80068-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4/26/06 (813)226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #