## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000014636

1. Entity Name UNION TRADING LLC



**FILED** Mar 15, 2004 08:00 AM Secretary of State

Principal Place of Business

SQU SERVICES AG, ALFRED ESCHERSTR. 9 POSTFACH, CH 8027 ZURICH, SWITZERLAND,

Mailing Address

C/O KILPATRICK STOCKTON LLP 1100 PEACHTREE ST STE 2800 ATLANTA, GA 30309



03092004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number		Applied For
	NOT APPLICABLE		Not Applicable
_		ab. i	 

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

## O NOT WOITE

1201 HAYS TALLAHAS	S STREET SSEE, FL 32301-2525		IN THIS SPACE		
	named entity submits this statement for the purpose of changing its reions of registered agent.	egistered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable (NOTE)	Registered Agent signature required when reinstating)	DATE		
Fi D	ling Fee is \$50.00 ue by May 1, 2004				
9. TITLE NAME STREET ADDRESS GITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM  FAZITA INVESTMENTS INC  SQU SERVICES AG, ALFRED ESCHERSTR. 9  ZURICH, SWITZERLAND,		U00000087919		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000087919 03/15/04-80031-015 50.00		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filling 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 act virate 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 of trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

March 10, 2004 Date

404-815-6609

Davime Phone #