


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

**FILED**  
**Jun 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000014636**

1. Entity Name  
**UNION TRADING LLC**



Principal Place of Business <b>SQU SERVICES AG, ALFRED ESCHERSTR. 9          POSTFACH, CH 8027          ZURICH, SWITZERLAND,</b>	Mailing Address <b>C/O KILPATRICK STOCKTON LLP          1100 PEACHTREE ST STE 2800          ATLANTA, GA 30309</b>
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**DO NOT WRITE IN THIS SPACE**



05302006 No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

**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 \_\_\_\_\_ 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 September 6, 2006

000000586611  
 06/02/06-80006-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FAZITA INVESTMENTS INC SQU SERVICES AG, ALFRED ESCHERSTR. 9 ZURICH, SWITZERLAND,</b>
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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:** Angele Biernath 5-30-06 404-815-6340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #