

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90229 026 ****50.00

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1. Entity Name
TRADE GROUP INVESTMENTS III, LLC

Principal Place of Business
2920 TRAVI COURT
KISSIMMEE, FL 34746

Mailing Address
2920 TRAVI COURT
KISSIMMEE, FL 34746

24020025

2. Principal Place of Business
2920 Trevi Court
 Suite, Apt. #, etc.

3. Mailing Address
2920 Trevi Court
 Suite, Apt. #, etc.



01272004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
59-3745571

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODS, JONATHAN D ESQ.
425 WEST COLONIAL DRIVE
SUITE 204
ORLANDO, FL 32804

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **GL MANAGEMENT, LLC**
 STREET ADDRESS **2920 TRAVI COURT**
 CITY-ST-ZIP **KISSIMMEE, FL 34746**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **2920 TRAVI COURT**
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

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Change Addition
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 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-8-04 **PHONE: 407-935-9956**
FAX: 407-935-1118

Date Daytime Phone #