


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90010 005 ****50.00

DOCUMENT # L03000030494

1. Entity Name
LAS OLAS TRADING, LLC



Principal Place of Business Mailing Address

555 N.E. 15 STREET **555 N.E. 15 STREET**
100 **100**
MIAMI FL 33132 **MIAMI FL 33132**

24069847



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address

2727 E Las Olas Blvd **2727 E Las Olas Blvd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
#100 **#100**
 City & State City & State
Ft. Lauderdale, FL **Ft. Lauderdale, FL**
 Zip Country Zip Country
33306 **Broward** **33306** **Broward**

4. FEI Number Applied For
312-48-0889 Not Applicable

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

6. Name and Address of Current Registered Agent

MCKIBBIN, DAVID A ESQ.
555 N.E. 15 STREET
100
MIAMI FL 33132

7. Name and Address of New Registered Agent

Name **David A. McKibbin, Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
901 George Bush Blvd.
 City State Zip Code
Delray Beach **FL** **33483**

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 **David A. McKibbin** DATE **2/25/04**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	CASE, FRANK	
STREET ADDRESS	2727 E. LAS OLAS BOULEVARD, SUITE 100	
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CASE, JAMES	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASE JAMES	
STREET ADDRESS	2727 E. Las Olas Blvd #100	
CITY-ST-ZIP	Ft. Lauderdale, FL 33306	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: **James Case** DATE: **4/20/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #