



**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90017 026 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L03000030494</b>			
1. Entity Name LAS OLAS TRADING, LLC		Principal Place of Business 401 E. LAS OLAS BLVD. #1400 FORT LAUDERDALE, FL 33301	
Mailing Address 401 E. LOS OLAS BLVD. #1400 FORT LAUDERDALE, FL 33301		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 31-2480889		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CASE, JAMES A 401 E. LAS OLAS BLVD. #1400 FT. LAUDERDALE, FL 33483		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!! - FEB 15 \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State 8771-	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, JAMES	NAME	
STREET ADDRESS	401 E. LAS OLAS BOULEVARD, SUITE 1400	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301	CITY-ST-ZIP	
TITLE	MGR	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, CASE	NAME	
STREET ADDRESS	401 E. LOS OLAS BLVD., #1400	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		4/29/08 (305) 795-0776	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Office Phone #	