

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 30, 2001 08:00 AM  
Secretary of State****DOCUMENT # L00000003577****1. Entity Name**  
M-TRADE, L.L.C.

<b>Principal Place of Business</b> 6 BREEZE ST.  GULF BREEZE FL 32561	<b>Mailing Address</b> 6 BREEZE ST.  GULF BREEZE FL 32561
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<b>2. Principal Place of Business</b> 9412 BROWNELL RD.  Suite, Apt. #, etc.	<b>3. Mailing Address</b> 9412 BROWNELL RD.  Suite, Apt. #, etc.
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<b>City &amp; State</b> CLYMER NY	<b>City &amp; State</b> CLYMER NY
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<b>Zip</b> 14724	<b>Country</b>	<b>Zip</b> 14724	<b>Country</b>
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<b>4. FEI Number</b> 59-3654193	<b>Applied For</b> <input type="checkbox"/> Additional Fee Required <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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DO NOT WRITE IN THIS SPACE

<b>6. Name and Address of Current Registered Agent</b>  SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE  CORAL GABLES FL 33134 US
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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**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.**

<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	<b>04/30/2001</b> DATE
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**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

<b>9. MANAGING MEMBERS / MEMBERS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> BOND DAVID A 177 RUSS DRIVE GULF BREEZE FL 32561 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

<b>10. ADDITIONS / CHANGES</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> BOND DAVID A 9412 BROWNELL RD. CLYMER NY 14724 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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.**

<b>SIGNATURE:</b> David A. Bond	<b>MGR</b>	<b>04/30/2001</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)