

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004533

Entity Name: HIGHMARK TRADE LC

FILED
Aug 06, 2009
Secretary of State

Current Principal Place of Business:

1220 N. MARKET STREET, STE. 808
WILMINGTON, DE 198012598

New Principal Place of Business:

Current Mailing Address:

1220 N. MARKET STREET, STE. 808
WILMINGTON, DE 198012598

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FLORIDA FILING & SEARCH SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SATURN INVESTMENT GROUP, S.A.
Address: STE 302 EAST BLDG 34/20 CUBA AVE & 34 ST
City-St-Zip: PANAMA CITY, 5 PANAMA 5

Title: MGRM () Delete
Name: STAR GROUP FINANCE AND HOLDINGS, INC.
Address: STE 302 EAST BLDG 34/20 CUBA AVE & 34 ST
City-St-Zip: PANAMA CITY, 5 PANAMA 5

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SID GARNETT ATTORNEY IN FACT OF MEMBER

MGRM

08/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date