## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED May 01, 2002 8:00 am Secretary of State

DOCUMENT # LOOOOOO10431  1. Entity Name  L.S. DAY TRADING, LLC  DO NOT WRITE IN THIS SPACE				05-01-2002 91553 043 ****50.00	
				<b>ងូងូង្</b> ស្រ	
2. Principal Place of Business	3. Mailing Address				
410 WARE BLVD  Suite, Apt. #, etc.  Suite 411	Suite, Apt. #, etc.	Suite, Apr. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State TOMPA FL	City & State	City & State		4. FEI Number Applied For Not Applied be	
33619 Country USA	<sup>Zip</sup> 33619	Zip Country US		5. Certificate of Status Desired	55.00 Additional ee Required
DO NOT WRITE IN THIS SPACE			Street Address (1501. E.	7. Name and Address of Current Registered ACHELL I. HOROWITZ P.O. Box Number is Not Acceptable) KENNEDY BLVD:	Agent
			City	MPA FL Zio Code 33602	
SIGNATURE Signature, typed or printed name of registr	) Alemonism			DATE PSE13	
	MEMBERS/MANAGERS	10.50	ALE PARTER		
MGRY  NAME  STREET ADDRESS  CITY-ST-ZIP  MGRY  GILBERTO H. GON  TIMEST ADDRESS  ATLANTA GA	KS DA	24320	aneni inilik omali pitt		E083R (12)01
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TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		23121-0222	A CONTRACTOR OF THE CONTRACTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Λ	CITY	ET ADDRESS 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 of the receiver or trustife empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 4/11/2002 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE OF DEL DESCRIPTIONE F					