


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90159 007 \*\*\*\*50.00

<b>DOCUMENT # L00000010872</b> 1. Entity Name <b>IBG TRADING, LLC</b>					
Principal Place of Business <b>11900 BISCAYNE BLVD., STE. 807 MIAMI FL 33181</b>			Mailing Address <b>11900 BISCAYNE BLVD., STE. 807 MIAMI FL 33181</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>GLASER, ALLAN</b> <b>11900 BISCAYNE BLVD., STE. 807</b> <b>MIAMI FL 33181</b>				Name <b>Alessandro Pizzorni</b> Street Address (P.O. Box Number is Not Acceptable) <b>111 Kane Concourse # 418</b> City <b>Bay Harbor Islands FL</b> Zip Code <b>33154</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRP</b> <b>PIZZORNI, ALESSANDRO</b> <b>1111 KANE CONCOURSE #410</b> <b>BAY HARBOR ISLANDS FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>WHATLEY, BOB</b> <b>1111 KANE CONCOURSE #410</b> <b>BAY HARBOR ISLANDS FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHUMACHER, ALBERT</b> <b>1111 KANE CONCOURSE #410</b> <b>BAY HARBOR ISLANDS FL 33154</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					



MOORE CR2E083 (11/03)

4. FEI Number **65-1064691** Applied For ☐ Not Applicable

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

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

03/11/04 (786) 433-0402

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.