## DDDDDDDD2630 DT Jund Ngmt - 105 Coneord Dr #101 - Cesselbery Il 32707

Office Use Only

**Examiner's Initials** 

CORPORATION NAME(S)	& DOCUMENT NUMBER(S),	(if known):
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1. PROPRIETARY TRADER. (Corporation Name)  FUND-1 LL	(Document #)	<del></del>
2. (Corporation Name)	L - 126 900004657149 10/29/01 01060 005 *******25.00 *******25.	- <b>4</b> 00
3(Corporation Name)	(Document #)	, s.s 1 <u>. 1861</u> .
4. (Corporation Name)  Walk in Pick up time	(Document #)  — Certified Copy	be _ <sup>™</sup> %
Mail out  Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other  OTHER FILINGS	Photocopy  Certificate of Status  AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger  REGISTRATION/QUALIFICATION  Certificate of Status  SECRET FILE CORPORTING STATION  REGISTRATION/QUALIFICATION  REGISTRATION/QUALIFICATION	1/1
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGE OF REGI

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited lighting.
1. The name of the limited liability company is: PROPRIETARY TRADERS HEDGE FUND
and the state of the limited liability comments of the state of the st
WINTER PARK, FL 32789
10-12-2000 L 000000
5. Date of filing/registration in Florida
" Soundit number
5. The name of the registered agent and the registered office address as shown on the records of the
Mail To a D P
MILTON P. ROOKS, DR
307 NORTH PARK AUE
Address
WINTER PARK FL 32789
6. The name and address of the new registered agent and/or office:
_/ /
MICHARD D. BRACE
Name  105 CONCORD DRIVE Suite 101  Florida street address (P.O. Box NOT secretal)
Florida street address (P.O. Box NOT acceptable)
acceptable)
City, State and Zip
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby and the business office of the registered.
liability company it is a first registered agent will be identical. On its its registered of the
liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative soft the operating agreement of the limited liability company.
of the limited liability company.
(Signature of a member or authorized representative of a member)
* <b>U</b>
(Printed or typed name of signee)  Wilton R Rooks TR.  William Rooks TR.
I hereby accept the appointment
comply with the provisions of any the control of the proper and complete rich and familiar with and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and complete rich and accept the control of the proper and cont
address Thereby confirm that the limited life of the confirmation of my position as registered performance of my duties, address Thereby confirm that the limited life filed to merely reflect a change and as provided for in
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to and I am familiar with and accept the obligations of my position as registered agent as provided for in address. Largely confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)
Division of Corporations, P.O. Poy 6227, m. v

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00