2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000016021

Entity Name: TRANS-ATLANTIC TRADE, LLC

FILED Sep 19, 2002 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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3601 KERNAN BOULEVARD SOUTH, 8535 HEATHER RUN DRIVE NORTH APT.# 2312 JACKSONVILLE, FL 32256 US

JACKSONVILLE, FL 32224

Current Mailing Address: New Mailing Address:

3601 KERNAN BOULEVARD SOUTH, APT.# 2312 8535 HEATHER RUN DRIVE NORTH JACKSONVILLE, FL 32256 US

JACKSONVILLE, FL 32224

FEI Number: 59-3687828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOODE, BRYAN C III FOUR SAWGRASS VILLAGE SUITE 230 PONTE VEDRA BEACH, FL 32082 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/MEMBERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:KEMP, ANDRE PName:COETZER, ETTIENNEAddress:3601 KERNAN BOULEVARD SOUTH, #2312Address:8535 HEATHER RUN DRIVE NORTH

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:
 JACKSONVILLE, FL 32256

Title: MGRM () Delete Title: () Change () Addition

 Name:
 LE ROUX, THEO J
 Name:

 Address:
 3601 KERNAN BOULEVARD SOUTH, #2312
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32224
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition Name: VISSER, IZAK D Name:

Address: 3601 KERNAN BOULEVARD SOUTH, #2312 Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip:

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 NA, NA N NA

 Address:
 Address:
 NA

 City-St-Zip:
 City-St-Zip:
 NA, NA NA NA

 $\label{eq:title:mgr} \mbox{Title:} \qquad \mbox{ () Delete} \qquad \mbox{Title:} \qquad \mbox{MGR} \qquad \mbox{ () Change (X) Addition}$

City-St-Zip: City-St-Zip: NA, NA NA NA

Title: () Delete Title: MGR () Change (X) Addition

 Name:
 Name:
 NA, NA N NA

 Address:
 Address:
 NA

 City-St-Zip:
 City-St-Zip:
 NA, NA NA NA

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ETTIENNE COETZER MGRM 09/19/2002