DOCUMENT # L0100006017       Secretary of Sta         1. Entity Name WESTON TRADING GROUP, LLC       Image: Comparison of C	)0 AM-	FILED an 22, 2004 08:00		2004 LIMITED LIABILITY COMPANY ANNUAL REPORT			
2235 NOMMERCE PARKINAY     2235 NOMMERCE PARKINAY       STE 1     STE 1       WESTON, FL 33326     WESTON, FL 33326       2. Principal Pace of Business     3. Auling Address       9./de, Adl F, etc.     Suite, Apt, F, etc.       9./de, Adl F, etc.     Suite, Apt, F, etc.       20p     Country       2p     Country       2p     Country       2p     Country       2p     Country       2p     Country       2p     Country       3. Name and Address of Current Registered Agent       1     Name       4. State     - PEN Registered Agent       5. Name and Address of Current Registered Agent       5. Name and Address of Current Registered Agent       4. State       200       21233 NORTH COMMERCE PARKINAY, SUITE 1       WESTON, FL 33326       21323 NORTH COMMERCE PARKINAY, SUITE 1       State Process State       2132 State       2133 NORTH COMMERCE PARKINAY, SUITE 1       State Process State       214       215       215       216       2233 NORTH COMMERCE PARKINAY, SUITE 1       216       217       2217       218       218       219       219 <td>ate</td> <td>Secretary of Sta</td> <td>Secr</td> <td></td> <td>017</td> <td></td> <td>1. Entity Name</td>	ate	Secretary of Sta	Secr		017		1. Entity Name
Suite, Apt. #, etc.     Suite, Apt. #, etc.     01122004     Chg-LLC     CR2E083 (10/03)       City & State     4. FEI Number 65-10939254     A.     FEI Number 65-10939254     A.       Zip     Country     Zip     Country     S. Certification of Status Desired     \$5:00 at 7ec Receipt       LESNIK, GAPY     2233 NORTH COMMERCE PARKWAY, SUITE 1     Name and Address of New Registered Agent     Name       LESNIK, GAPY     23326     City & State     City     City       Grip Te above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with the obligations of registered agent.     Note: Registered agent, or both, in the State of Forida. I am familiar with the obligations of registered agent.       SIGNATURE     Marke check payable to Filorida Department of state (City City City City City City City City	3 V <b>our</b> ae III eona		-     	<u> </u>	2233 N COMMERCE PARKWAY STE 1		2233 N COMMERCE PAR STE 1
City & State     Image: City & State					3. Mailing Address	siness	2. Principal Place of Busin
Zip     Country     Zip     Country     S. Certificate of Status Desired     \$5.00 Active Procession       8. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent     Name       LESNIK, GARY     Name     Name       2233 NORTH COMMERCE PARKWAY, SUITE 1     Street Address of New Registered Agent       VESTON, FL 33326     City     FL       21     City     FL     Zip Coll       6. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with the objactions of registered agent, or both, in the State of Florida. Tam familiar with the objactions of registered agent.     ONTE       SIGMATURE     True to back of registered agent, or both, in the State of Florida. Tam familiar with the objactions of registered agent.     @OTT. Represente Agent senset registered agent, or both, in the State of Florida. Tam familiar with the objactions of registered agent.     ONTE       SIGMATURE     True to back of registered agent.     @OTT. Represente Agent senset, registered agent.     ONTE       Filing Fee is \$50.00     Destered agent.     @OTT. Represente Agent senset, registered agent.     ONTE       9.     MARVAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES     Orarge       9.     MARVAGING MEMBERS/MANAGERS     10.     ADDITIONS/CHANGES     Orarge       9.     MARVAGING MEMBERS/MANAGERS     10. <td>3)</td> <td>Chg-LLC CR2E083 (10/03)</td> <td>01122004 Chg-LLC</td> <td></td> <td>Suite, Apt. #, etc.</td> <td></td> <td>Suite, Apt #, etc.</td>	3)	Chg-LLC CR2E083 (10/03)	01122004 Chg-LLC		Suite, Apt. #, etc.		Suite, Apt #, etc.
	Applied For Not Applicabl		-		City & State		City & State
LESNIK, GARY 2233 NORTH COMMERCE PARKWAY, SUITE 1 VESTON, FL 33326 Chy TL 3326 Chy TL 33326 Chy TL 3326 Chy TL			5. Certificate of Status Desired	try	Zip Cou	Country	Zip
LESNIK GARY 2233 NORTH COMMERCE PARKWAY, SUITE 1 Street Address (P.O. Box Number is Not Acceptable) City The abuve named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the oblgations of registered agent. City The abuve named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the oblgations of registered agent. City The abuve named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the oblgations of registered agent. City The abuve named entry submits this statement for the purpose of changing its registered entry evaluation Due by May 1, 2004 Florida Department of State Registered agent. City City City City City City City City		ddress of New Registered Agent	7. Name and Address of New	Name	Registered Agent	ne and Address of Current R	6. Name
The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Tam familiar with     the obligations of registered agent.      SiGNATURE      Sequere, wheat doe private wave of registered agent are this 1 applicable.      POTE Regeneres Agent equated wave not registered agent, or both, in the State of Florida. Tam familiar with     SiGNATURE      Filing Fee is \$50.00     Make check payable to     Florida Department of State      MGR     MGR     MGR     MGR     MGR     MGR     Thit     MGR		is Not Acceptable)	P.O. Box Number is Not Acceptal	·	SUITE 1		2233 NORTH COMM
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 the obligations of registered agent.  I am familiar with I applicable.  I applicable. I appl	ode	El Zip Cov	<u> </u>	City			,
SIGNATURE Signature, typed or period name of registering agent and the ill applicable. PROTE: Regenerate Agent segnaturing regulard when redinate(bag) DATE  Filing Fee is \$50.00 Due by May 1, 2004  A. MANAGING MEMBERS / MANAGERS  A. MANE  A. MARE  A. MARE A. ADDITIONS / CHANGES  A. ADDITIONS / CHANGES	ith, and accept		red agent, or both, in the State of I	ed office or register	the purpose of changing its register	tity submits this statement for listered agent	<ol> <li>The above named entity</li> <li>the obligations of registions</li> </ol>
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1. 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 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 manage interview of the same and the accurate and the accurate and the same legal effect as if made under oath; that I am a managing member or manage interview of the same and the accurate and the accurate and the same legal effect as if made under oath; that I am a managing member or manage interview of the same legal effect as if made under oath; that I am a managing member or manage interview of the same legal effect as if made under oath; that I am a managing member or manage interview of the same legal effect as if made under oath; that I am a managing member or manage interview of the same legal effect as if made under oath; that I am a managing member or manage interview of the same legal effect as if made under oath; that I am a managing member or manage interview of the same legal effect as if made under oath; that I am a managing member or manage interview of the same legal effect as if made under oath; that I am a managing member or manage interview of the same legal effect as if made under oath; that I am a managing member or management of the same legal effect as if made under oath; that I am a management of the same legal effect as if made under oath; that I am a management of the same legal effect as if made under oath; that I am a management of the same legal effect as if made under oath; that I am a managing member or management of the same legal effect as if made under oath; that I am a management of the same legal effect as if made under oath; that I am a management of the same legal effect as if made under oath; that I am a management of the same legal effect as if made under oath; that I am a management of the same legal effect as if made under oath; that I am a	ge 🗍 Addition	Change		E ET ADDRESS	NAN Str	,	IAME ITREET ADDRESS
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