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UNIFORM	I BUSI	NESS	REPORT	' (UBR)
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DOCUMENT # L0100006859

1. Entity Name



FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90073 012 ****50.00

Separation Sep	ritolino	TRADING, L.L.C.							
TOT CAMNO REAL #A218 MAME FL 3314S 2. Principal Place of Eusiness 3. Mailing Actives Suite, Apt. #, etc. Current City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Zip Country State 8. Name and Address of Current Registered Agant Total Address of Suite Applicable S5,000 Additional Fee Required Agant Total Address of the Registered Agant	Principal Plac	ce of Business	Mailing Address						
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 52-2313491 Applicable Zip Country Zip Country Zip Country 5. Certificate of States Desired Stood Additional Fee Required FELDENKRAIS, MICHAEL ESO. 201 S BISCAYNE BLVD 34TH FL, MIAMI CENTER MIAMI FL 33131 Stood Additional Fee Required FELDENKRAIS, MICHAEL ESO. 201 S BISCAYNE BLVD 34TH FL, MIAMI CENTER MIAMI FL 33131 Stood Additional Fee Required FELDENKRAIS, MICHAEL ESO. 201 S BISCAYNE BLVD 34TH FL, MIAMI CENTER MIAMI FL 33131 Stood Additional Fee Required FELDENKRAIS, MICHAEL ESO. 201 S BISCAYNE BLVD 34TH FL, MIAMI CENTER MIAMI FL 33131 Stood Additional Fee Required FELDENKRAIS, MICHAEL ESO. 201 S BISCAYNE BLVD 34TH FL, MIAMI CENTER MIAMI FL 33131 Stood Additional Fee Required FELDENKRAIS, MICHAEL ESO. 201 S BISCAYNE BLVD 34TH FL, MIAMI CENTER MIAMI FL 33131 Stood Additional Fee Required FELDENKRAIS, MICHAEL ESO. 201 S BISCAYNE BLVD 34TH FL, MIAMI CENTER MIAMI FL 33143 Stood Additional Fee Required Agent of Provide Additional Fee Required MIAMI FL 33143 Stood Additional Fee Required MIAMI FL 33143 Stood Additional Fee Required MAKE MIAMI FL 33143 Other Stood Additional Fee Required MIAMI FL 33143 Other Stood	7701 CAMINO REAL #A-218		7701 CAMINO REAL #A-218		1 30 B) Uh uh 00 (0) (1)	111 88:H 18:H 88 H 18:H 18:H	nin dismi sasti di	VIS (BU) (SE)	
City & State City & State Country Zip Country E. Name and Address of Current Registered Agent FELDENKRAIS, MICHAEL ESQ, 2015 BISCAYINE BLYD 34TH FL, MIAMI CENTER MIAMI FL 33131 B. The above named entity submits this statement for the purpose of changing its registered direct or registered agent, or both, in the State of Portica. I am familiar with, and accept the chicigations of registered agent, or both, in the State of Portica. I am familiar with, and accept the chicigations of registered agent, or both, in the State of Portica. I am familiar with, and accept the chicigations of registered agent, or both, in the State of Portica. I am familiar with, and accept the chicigations of registered agent, or both, in the State of Portica. I am familiar with, and accept the chicigations of registered agent, or both, in the State of Portica. I am familiar with, and accept the chicigations of registered agent, or both, in the State of Portica. I am familiar with, and accept the chicigations of registered agent, or both, in the State of Portica. I am familiar with, and accept the chickens of registered agent, or both, in the State of Portica. I am familiar with, and accept the chickens of registered agent, or both, in the State of Portica. I am familiar with, and accept the chickens of registered agent, or both, in the State of Portica. I am familiar with, and accept the chickens of registered agent, or both, in the State of Portica. I am familiar with, and accept the chickens of registered agent, or both, in the State of Portica and Portical State of Portica and Portical State of Portical Portical State of Portical State of Portical	2. Principal Place of Business		3. Mailing Address						
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FEIDENKRAIS, MICHAEL ESQ. 201 S BISCAYNE BLVD 34TH FL, MAMI CENTER MIAMI FL 33131 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Portida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Por	City & State		City & State			4. FEI Number 52-2313491 Applied For Not Applicable			
Street Address P.C. Box Number is Not Acceptable	Zip	Country	Zip ,	Country		5. Certificate of Status	Desired		
FELDENKRALS, MICHAEL ESO, 201 S BISCAYNE BLVD 34TH FL, MIAMI CENTER MIAMI FL 33131 8. The above named entity submits this statement for the nurpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or post in the State of Florida. I am familiar with, and accept the obligations or registered agent, or post in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or post in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered office or registered agent, or registered agent, or both, in the State of Florida. I am familiar		6. Name and Address of Current	Registered Agent			7. Name and Address	of New Registered	Agent	
SIGNATURE Signature, typed or phriead rame of registered agent and title of application. (NOTE Registered Agent signature required when centaliting) PARE Signature, typed or phriead rame of registered agent a	201 : MIAN	S BISCAYNE BLVD 34TH FL, MIAN MI FL 33131		Str	reet Address (F	Camino Ri	eal, APT FL		43
Make Check Payable to Florida Department of State Due by May 1, 2003 MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES	the obligat	tions of registered agents Rock	and title if applicable.) (NOTE	L/55 C. /	of R	addatz	4/29	_	and accept
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S			Make Check Payable	e to Florida	a Departmen	nt of State			ļ
NAME STREET ADDRESS CITY-ST-ZIP MAME NAME NAME NAME NAME NAME NAME NAME	9.	MANAGING MEMBE	RS/MANAGERS	10.		AC	DITIONS/CHANGES	3	
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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.

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