

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013363

Entity Name: GECKO TRADING COMPANY, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

TOWN CENTER OF BOCA RATON
6000 GLADES RD. #1099A
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

7240 N. DREAMY DRAW DR.
126
PHOENIX, AZ 85020 US

New Mailing Address:

FEI Number: 86-1037137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TICHENOR, KEVIN W
2042 BONNIE STREET
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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/MANAGERS:

Title: MGR () Delete
Name: TICHENOR, RICHARD N
Address: 7240 N. DREAMY DRAW DR. # 126
City-St-Zip: PHOENIX, AZ 85020 US

Title: MGR () Delete
Name: TICHENOR, BARBARA M
Address: 7240 N. DREAMY DRAW DR. # 126
City-St-Zip: PHOENIX, AZ 85020 US

Title: MGRM () Delete
Name: TICHENOR, KEVIN W
Address: 2042 BONNIE STREET
City-St-Zip: BOCA RATON, FL 33486 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KEVIN W TICHENOR

MBR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date