


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90229 025 ****50.00

DOCUMENT # L01000014970					
1. Entity Name TRADE GROUP INVESTMENTS I, LLC					
Principal Place of Business 2920 TREVI COURT KISSIMMEE, FL 34746			Mailing Address 2920 TREVI COURT KISSIMMEE, FL 34746		
2. Principal Place of Business <i>1236 S. John Young Parkway</i> Suite, Apt. #, etc. <i>Kissimmee, FL</i> City & State		3. Mailing Address <i>1236 S. John Young Parkway</i> Suite, Apt. #, etc. <i>Kissimmee, FL</i> City & State			
Zip <i>34741</i> Country <i>USA</i>		Zip <i>34741</i> Country <i>USA</i>		4. FEI Number 59-3745572	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WOODS, JONATHAN D ESQ. 425 WEST COLONIAL DRIVE SUITE 204 ORLANDO, FL 32804			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code		
8. 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, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GL MANAGEMENT, LLC 2920 TREVI COURT KISSIMMEE, FL 34746		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 information 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: <i>[Signature]</i>			Date <i>3-8-04</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		

PHONE: 407-935-9956
FAX: 407-935-1118