2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2920 TREVI COURT

KISSIMMEE FL 34746

3. Mailing Address

Suite, Apt. #, etc.

DOCUMENT # L01000014970

2920 TREVI COURT

KISSIMMEE FL 34746

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

TRADE GROUP INVESTMENTS I, LLC

FILED Jan 22, 2003 8:00 am **Secretary of State**

01-22-2003 90083 045 ****50.00

CUUTIVAP

CHECK HERE IF MAKING CH	IANGES								
FEI Number 59-3745572	, Applied For								
00 0, 100.2	Not Applicable								
Certificate of Status Desired S5.00 Additional Fee Required									
Name and Address of New Registered Age	nt=:. ,								
Box Number is Not Acceptable)									
	·								
FL	Zip Code								
gent, or both, in the State of Florida. I am famil	iar with, and accept								

City & State		City & State	City & State		4. FEI Number 59-3745572			<u> </u>	oplied For ot Applicable
Zíp	Country Zip Cou		Country		5. Certificate of Status Desired S5.00 Additional Fee Required				
	6. Name and Address of Curre	ent Registered Agent	·		- 7. Name and	Address of New R	egistered A	gent: -:	,
WOODS, JONATHAN D ESQ. 15 WEST CHURCH STREET, SUITE 203 ORLANDO FL 32801				Name Street Address (P.O. Box Number is Not Acceptable)					
					(r.o. sox number	1 to the neceptable			
	·			City			FL	Zip Cod	e
	named entity submits this statementions of registered agent.	t for the purpose of changing	its registered of	office or registe	red agent, or both	n, in the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (N	NOTE: Registered Ag	ent signature require	d when reinstating)		DATE		
		Make Check Paya	NOW!!! FEI able to Floric Due By May	da Departme	ent of State				
9.	MANAGING MEN	BERS/MANAGERS	10.			ADDITIONS/	CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	MGR GL MANAGEMENT, LLC 2920 TREVI COURT KISSIMMEE FL 34746	☐ Delete	TITLE NAME STREET AI	1			-	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOOMINEE I E OTI TO	☐ Delete	TITLE NAME STREET A CITY-ST-	DDRESS				☐ Change	• Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL	l l	The second secon			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AL CITY-ST-	I				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AU CITY-ST-	ľ			e" -	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	partify that the information supplied	☐ Delete	TITLE NAME STREET AL CITY-ST-	ZIP	option 119 07/2)(/		***	Change	Addition

I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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 peceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date