


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State


05-15-2006 90241 025 ****50.00

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| DOCUMENT # L02000001842 |  |
| 1. Entity Name TRADING SYNERGIES, LLC | |


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| Principal Place of Business 2402 GOLF VISTA BLVD ROCKLEDGE, FL 32955-6520 | Mailing Address 2402 GOLF VISTA BLVD 1117 ROCKLEDGE, FL 32955-6520 |
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|---|---|
| 2. Principal Place of Business 3625 S. Washington Ave | 3. Mailing Address 3625 S. Washington Ave |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|--------------------------------------|--------------------------------------|
| City & State Titusville FL | City & State Titusville FL |
| Zip 32780 | Zip 32780 |
| Country USA | Country USA |

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| 05252006 Chg-LLC | CR2E083 (11/05) |
| 4. FEI Number 02-0548538 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |


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| 6. Name and Address of Current Registered Agent DUFFY, FRANCOISE C 2402 GOLF VISTA BLVD BATON ROUGE, FL 32955-6520 | |
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| 7. Name and Address of New Registered Agent Name DUFFY, FRANCOISE C. Street Address (P.O. Box Number is Not Acceptable) 3625 S. Washington Ave City & State Titusville FL Zip Code 32780 | |
| 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  FRANCOISE C. DUFFY | DATE 5/25/06 |

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| Filing Fee is \$50.00 Due by September 6, 2006 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DUFFY, FRANCOISE 2402 GOLF VISTA BLVD ROCKLEDGE, FL 329556520 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DUFFY, FRANCOISE 3625 S. Washington Ave Titusville, FL 32780 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DUFFY, JOHN 2402 GOLF VISTA BLVD ROCKLEDGE, FL 329556520 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Partner DUFFY, JOHN 3625 S. Washington Ave Titusville FL 32780 <input checked="" 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 |
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| 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 exemptions contained in Chapter 119, 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.

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|--|---------------------|---------------------------------------|
| SIGNATURE:  Manager | DATE 5/25/06 | DAYTIME PHONE # (321) 639-0575 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE FRANCOISE C. DUFFY | | |

ATTACHMENT

30009095

#L020000001842

Filing fee of
\$ 50.00 has
already been
sent in
April 2006.

~~T. Duff~~