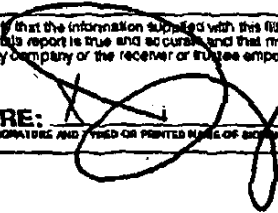


FILED
Jun 20, 2003 8:00 am
Secretary of State

05-13-2003 90015 043 ****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000005311							
1. Entity Name SAMURAI STOCK TRADER, LLC							
Principal Place of Business 1900 GLADES RD., STE. 441 BOCA RATON, FL 33431			Mailing Address 1900 GLADES RD., STE. 441 BOCA RATON, FL 33431				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. Name and Address of Current Registered Agent SCRECH, STEPHEN W 3200 NORTH MILITARY TRAIL, STE. 200 BOCA RATON, FL 33431			5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				
6. 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 _____ DATE _____ (Signature, must be printed name of registered agent and date of signature. (NOTE: Registered Agent signature required when withdrawing)							
							
8. MANAGING MEMBERS/MANAGERS							
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
member - MGMR	James D. Georgia	708 Coquina Way	Boca Raton, FL 33432				
member MGMR	David Nichols	3201 NE 31st Ave	Light House Point, FL 33064				
member MGMR	Sally DeVincentis	9 Teri's Way	Franklin, MA 02038				
member MGMR	Jody Madron	7590 Boulder Dr.	Sylvestre, MO 21784				
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 806, Florida Statutes.							
SIGNATURE: 							
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE							

44004843

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
01-0615723

Applied For
☐ Not Applicable

8. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

CH2503 (06/02)