## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000015300

Entity Name: REID TRADING LLC

Name:

Address:

City-St-Zip:

REID, GAVIN K

184-56 HOVENDEN ROAD

JAMAICA ESTATES, NY 11423

FILED Mar 13, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 88-06 199 STREET HOLLIS, NY 11423 **Current Mailing Address: New Mailing Address:** 88-06 199 STREET HOLLIS, NY 11423 FEI Number: 33-1010289 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **ACTIVEFILINGS LLC** RAHIM, WASIM R 10651 NE 11 COURT 1014 W. RAMBLA STREET MIAMI SHORES, FL 33138 TAMPA, FL 33612 US 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: WASIM RAHIM 03/13/2005 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete RAHIM, WASIM R Name: Name: Address: 1014 W. RAMBLA STREET Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: REID, ROBERT G Name: Address: 8806 199 STREET Address: City-St-Zip: HOLLIS, NY 11423 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition REID, SHAWN A Name: Name: Address: 8806 199 STREET Address: City-St-Zip: HOLLIS, NY 11423 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT REID MGRM 03/13/2005