

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015300

Entity Name: REID TRADING LLC

FILED
Mar 19, 2007
Secretary of State

Current Principal Place of Business:

88-06 199 STREET
HOLLIS, NY 11423

New Principal Place of Business:

Current Mailing Address:

88-06 199 STREET
HOLLIS, NY 11423

New Mailing Address:

FEI Number: 33-1010289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAHIM, WASIM R
1014 W. RAMBLA STREET
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAHIM, WASIM R
Address: 1014 W. RAMBLA STREET
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: REID, ROBERT G
Address: 8806 199 STREET
City-St-Zip: HOLLIS, NY 11423

Title: MGRM () Delete
Name: REID, SHAWN A
Address: 8806 199 STREET
City-St-Zip: HOLLIS, NY 11423

Title: MGRM () Delete
Name: REID, GAVIN K
Address: 184-56 HOVENDEN ROAD
City-St-Zip: JAMAICA ESTATES, NY 11423

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: ROBERT REID

MGRM

03/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date