


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000017107 1. Entity Name R & A TRADING L.L.C.	
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Principal Place of Business 674 GLENRIDGE ROAD KEY BISCAYNE, FL 33149 US	Mailing Address 674 GLENRIDGE ROAD KEY BISCAYNE, FL 33149 US
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01232004No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2064348	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RUBIO, EMILIO J
674 GLENRIDGE ROAD
KEY BISCAYNE, FL 33149**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

11000000019602
01/29/04-80032-002 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIO, EMILIO J 674 GLENRIDGE ROAD KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUBIO, INES A 674 GLENRIDGE ROAD KEY BISCAYNE, FL 33149
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 60B, Florida Statutes.

SIGNATURE:

EMILIO J RUBIO

1/23/04

3056488108

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #