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2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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FILED
03 OCT -9 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
44005781

DOCUMENT # L02000025540

1. Entity Name
FOSTER TRADING, LLC

Principal Place of Business	Mailing Address
5840 N.W. 42ND WAY BOCA RATON FL 33496	5840 N.W. 42ND WAY BOCA RATON FL 33496

[redacted]

2. Principal Place of Business	3. Mailing Address
1061 PHEASANT ROAD	1061 PHEASANT ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RYDAL PA	City & State: RYDAL, PA
Zip: RYDAL — Country:	Zip: 19046 — Country:

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 32-0091337 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STEINMAN, BARRY 5840 N.W. 42ND WAY BOCA RATON FL 33496	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE MGRM / NAME BARRY STEINMAN / STREET ADDRESS 1061 PHEASANT ROAD / CITY-ST-ZIP RYDAL, PA 19046 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

dcc

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 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED 4/29/03 561 756 6106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)