

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000002283**

**1. Entity Name**  
INTERNATIONAL MFG & TRADING PARTNERS, LLC



**Principal Place of Business**  
560 CRANES WAY, UNIT 236  
ALTAMONTE SPRINGS, FL 32701

**Mailing Address**  
560 CRANES WAY, UNIT 236  
ALTAMONTE SPRINGS, FL 32701



01312005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
54-2093481

**Applied For**  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGRM  
GENTRY, BRYAN  
560 CRANES WAY, UNIT 236  
ALTAMONTE SPRINGS, FL 32701

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
MGRM  
GENTRY, ROY  
560 CRANES WAY, UNIT 236  
ALTAMONTE SPRINGS, FL 32701

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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**CITY - ST - ZIP**

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04/04/05-80016-013 50.00

**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)(f), 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:** Roy E Gentry Roy E GENTRY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Date**

**Daytime Phone #**

4-1-05

407-492-6168