


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90318 012 \*\*\*138.75

|   |   |
|---|---|
| <b>DOCUMENT # L03000008587</b>                        |  |
| 1. Entity Name<br><b>ADVANCED TRADING SERVICES LC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>1401 BRICKELL AVENUE<br/>SUITE 1010<br/>MIAMI, FL 33131</b> | Mailing Address<br><b>1401 BRICKELL AVENUE<br/>SUITE 1010<br/>MIAMI, FL 33131</b> |
|---|---|

**00000100**



|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>1000 FIFTH STREET<br/>302</b> | 3. Mailing Address<br><b>1000 FIFTH STREET<br/>302</b> |
|--|--|

03102008 Chg-LLC CR2E083 (12/06)

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>MIAMI BEACH FL</b> | City & State<br><b>MIAMI BEACH FL</b> |
| Zip<br><b>33139</b>                   | Country<br><b>U.S.A</b>               |

|   |  |
|---|--|
| 4. FEI Number<br><b>11-3679323</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>GARCIA, CARLOS MANUEL<br/>1401 BRICKELL AVENUE<br/>SUITE 1010<br/>MIAMI, FL 33131</b> |  |
|---|--|

|  |             |
|--|-------------|
| 7. Name and Address of New Registered Agent        |             |
| Name   |             |
| Street Address (P.O. Box Number is Not Acceptable) |             |
| City   | FL Zip Code |

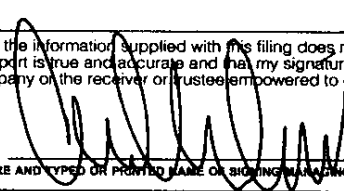
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |  |
|--|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GARCIA, CARLOS MANUEL<br>1401 BRICKELL AVENUE, SUITE 1010<br>MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GARCIA, CARLOS MANUEL<br>1000 FIFTH STREET SUITE 302<br>MIAMI BEACH FL, 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DE GARCIA, BEATRIZ<br>1401 BRICKELL AVE STE 1010<br>MIAMI, FL 33131 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>DE GARCIA BEATRIZ<br>1000 FIFTH STREET SUITE 302<br>MIAMI BEACH FL, 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

|   |                              |
|---|------------------------------|
| <b>SIGNATURE:</b>  | <b>3-31-08</b> (305) 3737388 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date Daytime Phone #         |