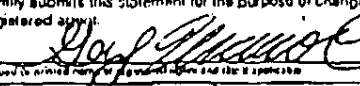
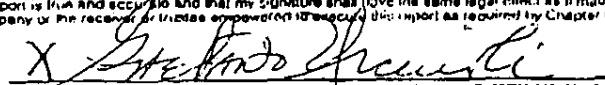


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90077 002 ****50.00

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000011997			
1. Entity Name TITAN TRADING FUND, LLC			
Principal Place of Business 2606 NORTHEAST 10TH TERRACE, UNIT #3 WILTON MANORS, FL 33334		Mailing Address 2606 NORTHEAST 10TH TERRACE, UNIT #3 WILTON MANORS, FL 33334	
2. Principal Place of Business		3. Mailing Address	
Sole, Adj., etc.		Sole, Adj., etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 48-1306525		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33158		7. Name and Address of New Registered Agent Name: Guy Arciolo Street Address (P.O. Box Number Is Not Acceptable): 2606 NE. 10th terrace #3 City: Wilton Manors FL Zip Code: 33334	
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: 		4/26/04	
Filing Fee is \$30.00 Due by May 1, 2004		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete MGRM Titan Management Group, LLC 2606 NE. 10th terrace #3 Wilton Manors, FL 33334	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
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
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
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.072(1)(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: 		4/26/04 (954) 261-2816	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE	