2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Mar 23, 2005
Secretary of State

DOCUMENT# L03000012988

Entity Name: BESTDAYTRADER, LLC

Current Principal Place of Business:

3300 N UNIVERSITY DR
SUITE 1010
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

3300 N UNIVERSITY DR
SUITE 712
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

3300 N UNIVERSITY DR
SUITE 1010
CORAL SPRINGS, FL 33065 US

New Mailing Address:

3300 N UNIVERSITY DR
SUITE 712
CORAL SPRINGS, FL 33065 US

FEI Number: 35-2202169 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: GK HOLDING CORP,
Address: PO BOX 167
City-St-Zip: MAHOPAC, NY 10542 US

Title: MGRM (X) Delete
Name: HOROWITZ, SHAY
Address: 3300 N UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HOROWITZ, SHAY
Address: 3300 N UNIVERSITY DR
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: SHAY HOROWITZ CEO 03/23/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date