

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000014756**

1. Entity Name  
**21ST CENTURY FUTURES, LLC**



Principal Place of Business  
**925 SOUTH FEDERAL HIGHWAY  
SUITE 500  
BOCA RATON, FL 33432 US**

Mailing Address  
**925 SOUTH FEDERAL HIGHWAY  
SUITE 500  
BOCA RATON, FL 33432 US**



02092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**90-0081047**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

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

**DIGEORGIA, JAMES M  
925 SOUTH FEDERAL HIGHWAY  
SUITE 500  
BOCA RATON, FL 33432**

**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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DIGEORGIA, JAMES M
STREET ADDRESS	708 COQUINA WAY
CITY - ST - ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	WOLFE, SCOTT
STREET ADDRESS	6900 WESTCLIFF DRIVE STE 801
CITY - ST - ZIP	LAS VEGAS, NV 89145
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*James DiGeorgia*

**4.10.07**

Date

**750-8483**

Daytime Phone #