

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032138

FILED
Jan 09, 2004
Secretary of State

Entity Name: PRECISION FUTURES, LLC

Current Principal Place of Business:

1900 GLADES ROAD
SUITE 441
BOCA RATON, FL 33431 US

New Principal Place of Business:

1900 GLADES ROAD
SUITE 350
BOCA RATON, FL 33431 US

Current Mailing Address:

1900 GLADES ROAD
SUITE 441
BOCA RATON, FL 33431 US

New Mailing Address:

1900 GLADES ROAD
SUITE 350
BOCA RATON, FL 33431 US

FEI Number: 74-3102313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGEORGIA, JAMES
1900 GLADES ROAD
SUITE 441
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

BARBIERI, SCRENCI, WEPRIN & RUBINO, PLC
3200 N. MILITARY TRAIL
SUITE 200
BOCA RATON, FL 33431 US

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: TIMOTHY GLASS

01/09/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: DIGEORGIA, JAMES M
Address: 708 COQUINA WAY
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGRM () Change (X) Addition
Name: NICHOLS, DAVID A
Address: 3201 NE 31ST STREET
City-St-Zip: LIGHTHOUSE POINT, FL 33064 US

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: JAMES DIGEORGIA

MGRM

01/09/2004

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