2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# L03000032212

Entity Name: JAMES MOUND TRADING GROUP, LLC

Current Principal Place of Business:

524 SOUTH THIRD STREET
2ND FLOOR
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

1 FLORIDA PARK DRIVE S.
SUITE 308
PALM COAST, FL 32137 US

Current Mailing Address:

524 SOUTH THIRD STREET
2ND FLOOR
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

1 FLORIDA PARK DRIVE S.
SUIE 308
PALM COAST, FL 32137 US

FEI Number: 20-0179563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOUND, JAMES R
524 SOUTH THIRD STREET
2ND FLOOR
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

MOUND, JAMES R
1 FLORIDA PARK DRIVE S.
SUITE 308
PALM COAST, FL 32137 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: JAMES R MOUND 01/19/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MOUND, JAMES R MR.
Address: 524 S. 3RD ST., 2ND FL.
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MOUND, JAMES R MR.
Address: 1 FLORIDA PARK DRIVE S., SUITE 308
City-St-Zip: PALM COAST, FL 32137 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 R MOUND MGR 01/19/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date