2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

ND TYPED OR PRINTED NAME OF

FILED Jan 29, 2007 08:00 AM Secretary of State DOCUMENT # L03000033121 1. Entity Name OYSTER TRADING OF FORT LAUDERDALE, LLC Principal Place of Business Mailing Address 120 N. ANNIE GLIDDEN ROAD DEKALB IL 60115 120 N. ANNIE GLIDDEN ROAD DEKALB IL 60115 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 35-2174189 Not Applicat Zip Country Ζiρ Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STROUP & MARTIN, P.A. Street Address (P.O. Box Number is Not Acceptable) 119 SOUTHEAST 12TH STREET FT. LAUDERDALE FL 33316 City Zip Code 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: Squature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10, ADDITIONS/CHANGES ☐ Delete HIII MGRM HIEF ☐ Change Addition NAM MASON, JAMES C NAM U000000610695 STREET ADDRESS SINEET ADDRESS 120 N. ANNIE GLIDDEN ROAD 02/02/07-80031-023 55.00 CITY ST ZIE CITY-ST-ZP DEKALB IL 60115 H --- Delete 11818 Change □ Addition NAME NAM SIBILL ADDRESS STRELLADORESS CITY ST ZIP CITY ST ZIP HHE Delete HILE ☐ Change A.C. NAMI NAME STRUET ADDRESS STREET ADDRESS sairest /# CHY-ST-ZIPT HILE ☐ Delete FILE ☐ Change Addition NAME STREET ADDRESS SHIFT LADDRESS CHY SE-ZIF CITY ST 710 Ш ☐ Delete IIILE Addition ☐ Change NALE SIRFF LADDRESS STREET ADDRESS CITY ST 7IP CITY ST ZIP ☐ Defete HILL A.L.Call ☐ Change NAME SIDIT I ADDRESS STREET ADDRESS CITY-ST ZIP CHY SE ZIP 11. I horoby certify that the information supplied with this indicated on this report is true and accurate and that limited liability company or the receiver or trustee and accurate and the limited liability company. ing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the pwerful to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE

Deytime Place #