

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018801

FILED  
May 25, 2005  
Secretary of State

Entity Name: OLAM TRADE AND SERVICE, LLC

**Current Principal Place of Business:**

2106 NW 22ND STREET  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

1446 NW 2ND AVENUE  
SUITE 105  
BOCA RATON, FL 33432 US

**Current Mailing Address:**

2106 NW 22ND STREET  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

1446 NW 2ND AVENUE  
SUITE 105  
BOCA RATON, FL 33432 US

FEI Number: 20-0836484      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HUBER, ANDREW T  
3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 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: LOW, OLIVIA  
Address: 2106 NW 22ND STREET  
City-St-Zip: POMPANO BEACH, FL 33069 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LOW, OLIVIA  
Address: 146 NW 2ND AVENUE, SUITE 105  
City-St-Zip: BOCA RATON, FL 33432 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: OLIVIA LOW

MGRM

05/25/2005

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