

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023831

FILED
Apr 29, 2005
Secretary of State

Entity Name: SIX PALMS TRADING, LLC

Current Principal Place of Business:

85361 OVERSEAS HIGHWAY
SUITE #7
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

85361 OVERSEAS HIGHWAY
SUITE #7
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 20-0941611

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORDEN, STEVEN D
85361 OVERSEAS HIGHWAY
SUITE #7
ISLAMORADA, FL 33036 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: BORDEN, STEVEN D
Address: 85361 OVERSEAS HIGHWAY
City-St-Zip: ISLAMORADA, FL 33036

Title: MGRM () Delete
Name: CORALLO, ANTHONY J
Address: 254 PUEBLO STREET
City-St-Zip: TAVERNIER, FL 33070

Title: MGRM (X) Delete
Name: JAMES, BRADDOCK
Address: 3 VICARIDGE MANSIONS, ABBOTSFORD AVE.
City-St-Zip: LONDON, WM N153BP UK

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN D. BORDEN

MGRM

04/29/2005

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