

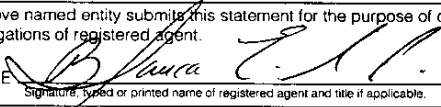
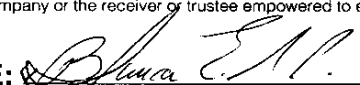


2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 13 AM 11:12

DOCUMENT # L04000026848 1. Entity Name SILVER FOX TRADING LLC					
Principal Place of Business 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301			Mailing Address 103 NORTH MERIDIAN STREET TALLAHASSEE, FL 32301		
2. Principal Place of Business 11911 US Hwy One		3. Mailing Address 11911 US Hwy One		 08182005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201			
City & State North Palm Beach, FL		City & State North Palm Beach, FL			
Zip 33408		Country USA		4. FEI Number 20-1343685	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent RODRIGUEZ, OSCAR 82 LAGUNA DR PALM BEACH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name DE RODRIGUEZ, BLANCA Street Address (P.O. Box Number is Not Acceptable) 11911 US Hwy One, Suite 201 City North Palm Beach FL Zip Code 33408	
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  DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRG RODRIGUEZ, OSCAR 82 LAGUNA DR PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE RODRIGUEZ, BLANCA 82 LAGUNA DR PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  Blanca E. Metop Aug-18-2005 (561)248-6439 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					