


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90037 016 ****50.00

DOCUMENT # L04000038631					
1. Entity Name U.B. TRADING, LLC					
Principal Place of Business 9559 COLLINS AVENUE SUITE 1204 SURFSIDE, FL 33154-2655 US			Mailing Address 9559 COLLINS AVENUE SUITE 1204 SURFSIDE, FL 33154-2655 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 76-0759321	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SYDNOR, JOSEPH D CPA 1005 KANE CONCOURSE STE 203 BAL HARBOUR, FL 33154			Name Kris I. Dougherty, CPA		
			Street Address (P.O. Box Number is Not Acceptable)		
			1005 Kane Concourse, Suite #203		
			City Bay Harbor Islands FL		Zip Code 33154
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 <u>Kris I Dougherty</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BRIEF, URI 9559 COLLINS AVENUE SUITE 1204 SURFSIDE, FL 331542655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
				<small>Date</small>	<small>Daytime Phone #</small>



04072007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SYDNOR, JOSEPH D CPA
1005 KANE CONCOURSE
STE 203
BAL HARBOUR, FL 33154

Name
Kris I. Dougherty, CPA
Street Address (P.O. Box Number is Not Acceptable)
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City
Bay Harbor Islands FL Zip Code
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Date Daytime Phone #