## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000066318

1. Entity Name

PRINCIPAL DERIVATIVES, L.L.C.



**FILED** Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

134 WOODCREEK DRIVE EAST SAFETY HARBOUR, FL 34695 134 WOODCREEK DRIVE EAST SAFETY HARBOUR, FL 34695



DO NOT WRITE IN THIS SPACE

02212008 No Chg-LLC CR2E083 (12/07)

4. FEI Number	 -	Applied For
65-1236850		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

Fee Required

6. Name and Address of Current Registered Agent

BANDES, JED 134 WOODCREEK DRIVE EAST SAFETY HARBOUR, FL 34695

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char iions of registered agent.	nging its registered office of	e or registered agent, or both, in the State of Florida. I am familiar with, and	accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NQTE: Registered Agent signal	ed Agent signature required when reinstating)		
File After May	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75	1 300 0 0 0 0	05/05/08-80004-001 138.	ľ5	
9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BANDES, JED 1354 WOOD CREEK DR E SAFETY HARBOR, FL 34695		· .		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				. •	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE	•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS			•		

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNALURE:			<u> </u>			
SIGNATURE	AND TYPED OR	RINTE	MAN	E OF SIGNING MANAGING MEM	IBER, OR AUTHORIZED	REPRESENTATIV

14/08