2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF BIDNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Apr 21, 2008 8:00 am Secretary of State

DOCUMENT # L04000073889 1. Entity Name TRADER HORN REAL ESTATE HOLDINGS, L.L.C.				04-21-2008 90312 (014 ***138.75
Principal Place of Business 10152 WEST INDIANTOWN RD. SUITE 184 JUPITER, FL 33478		Mailing Address 10152 WEST INDIANTOWN RD. SUITE 184 JUPITER, FL 33478			
					YOU 18181 KOTO (ETDET III IDD
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			983 (12/06)
City & State		City & State		4. FEI Number 20-2478238	Applied For Not Applicable
Zip	Country	Zip	Country		\$5.00 Additional Fee Required -
•	6. Name and Address of Current	l Registered Agent	·	7. Name and Address of New Registered A	
WOLFE, HAROLD E JR. ESQ 2300 PALM BEACH LAKES BOULEVARD, SUITE 302 WEST PALM BEACH, FL 33409 Name Poo E Will CAC PA Street Address (R.B. Box Number is Not Acceptable) FL Zig Code City T 1 Other FL Zig Code					
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 Signature, yield or printed name of registered apent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FiLE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
		5		Make check p Florida Departm	
			10.		ent of State
After May	y 1, 2008 Fee will be \$538.7	ERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Florida Departm	ent of State
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGR KAYE, JONATHAN D 10152 WEST INDIANMOWN RE	ERS/MANAGERS Delete	TITLE NAME STREET ADDRESS	Florida Departm	ent of State
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMB MGR KAYE, JONATHAN D 10152 WEST INDIANMOWN RE	ERS/MANAGERS Delete District Strict	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Florida Departm	Change Addition
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