


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000089251 1. Entity Name VIDEO GAME TRADER, LLC	
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Principal Place of Business 4649 CLYDE MORRIS BLVD., UNIT 606 GULF STREAM VILLAGE PORT ORANGE, FL 32129	Mailing Address 2248 ROBIN HOOD TRAIL SOUTH DAYTONA, FL 32119
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DO NOT WRITE IN THIS SPACE



02142005 No Chg-LLC

CR2E063 (11/05)

4. FEI Number
20-1985252

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAHER, MYRON JR.
4649 CLYDE MORRIS BLVD., UNIT 606
GULF STREAM VILLAGE
PORT ORANGE, FL 32129

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

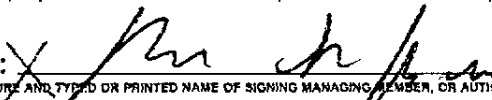
**Filing Fee is \$50.00
Due by May 1, 2006**

000001439584
03/02/06-80008-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHATER, MYRON 4649 CLYDE MORRIS BLVD, UNIT 606 PORT ORANGE, FL 32129
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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 606, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #