

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90018 015 ****50.00

DOCUMENT # L05000010593					
1. Entity Name MACONDO TRADING, LLC					
Principal Place of Business 1455 NORTH TREASURE DR. APT. 3C NORTH BAY VILLAGE, FL 33141			Mailing Address 1455 NORTH TREASURE DR. APT. 3C NORTH BAY VILLAGE, FL 33141		
2. Principal Place of Business 2312 SW 25th terrace		3. Mailing Address 2312 SW 25th terrace			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 2022626-74	
Zip 33133		Country Dade		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		
VALDES, ADRIANA 1455 NORTH TREASURE DR. APT. 3C NORTH BAY VILLAGE, FL 33141			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>		
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 x  <div style="float: right;">DATE</div>					
<small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALDES, ADRIANA		NAME	ADRIANA VALDES	
STREET ADDRESS	1455 NORTH TREASURE DR.		STREET ADDRESS	2312 SW 25th terrace	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141		CITY-ST-ZIP	Miami, FL 33133	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Johanna Olarte	
STREET ADDRESS			STREET ADDRESS	1456 Washington ave apt # 1	
CITY-ST-ZIP			CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: x  <div style="float: right;">Date Daytime Phone #</div>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					