

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045833

FILED
May 29, 2007
Secretary of State

Entity Name: DONETRAIDING LLC

Current Principal Place of Business:

3539 APALACHEE PARKWAY
SUITE 3 #210
TALLAHASSEE, FL 32311 US

New Principal Place of Business:

Current Mailing Address:

3539 APALACHEE PARKWAY
SUITE 3 #210
TALLAHASSEE, FL 32311 US

New Mailing Address:

PO BOX 1396
TALLAHASSEE, FL 32302 US

FEI Number: 20-2846777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY, FL 32351 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUXAMA, ISMAEL
Address: 3539 APALACHEE PARKWAY SUITE 3 #210
City-St-Zip: TALLAHASSEE, FL 32311 US

Title: MGRM () Delete
Name: BECKFORD, MICHAEL
Address: 3539 APALACHEE PARKWAY SUITE 3 #210
City-St-Zip: TALLAHASSEE, FL 32311 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ISMAEL LUXAMA

MGRM

05/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date