

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 APR 11 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04112008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000045833 1. Entity Name DONETRADING LLC					
Principal Place of Business 3539 APALACHEE PARKWAY SUITE 3 #218 TALLAHASSEE, FL 32311 US			Mailing Address PO BOX 1396 TALLAHASSEE, FL 32302 US		
2. Principal Place of Business - No P.O. Box # 3025 South Adam St. Suite, Apt. #, etc. #227 D City & State Tallahassee, FL Zip 32301		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Leon		4. FEI Number 20-2846777	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 5647 110TH AVE. NORTH ROYAL PALM BEACH, FL 33411-0000			7. Name and Address of New Registered Agent Name Ismael LUXAMA Street Address (P.O. Box Number is Not Acceptable) 3025 South Adam St. #227 D City Tallahassee, FL Zip Code 32301		
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 DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM LUXAMA, ISMAEL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600123042046 04/11/08--01028--008 **138.75		
NAME	3539 APALACHEE PARKWAY SUITE 3 #210	NAME			
STREET ADDRESS	TALLAHASSEE, FL 32311	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	MGRM BECKFORD, MICHAEL <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3539 APALACHEE PARKWAY SUITE 3 #210	NAME			
STREET ADDRESS	TALLAHASSEE, FL 32311	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE		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:			4/11/08 Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					