

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045879

Entity Name: T.M. TRADING, LLC

FILED  
Mar 28, 2006  
Secretary of State

**Current Principal Place of Business:**

5144 CITY STREET  
236  
ORLANDO, FL 32839

**New Principal Place of Business:**

335 SONJA CIRCLE  
DAVENPORT, FL 33897

**Current Mailing Address:**

P.O. BOX 22931  
LAKE BUENA VISTA, FL 32830

**New Mailing Address:**

FEI Number: 20-2837119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, NICK S  
5144 CITY STREET  
236  
ORLANDO, FL 32839 US

**Name and Address of New Registered Agent:**

MILLER, NICK S  
335 SONJA CIRCLE  
DAVENPORT, FL 33897 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: NICK MILLER

03/28/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MILLER, NICK S  
Address: 5144 CITY STREET #236  
City-St-Zip: ORLANDO, FL 32839

Title: MGRM (X) Delete  
Name: TRUJILLO, JACOB  
Address: CAMINO ROJO  
City-St-Zip: SANTA FE, NM 87507

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MILLER, NICK S  
Address: 335 SONJA CIRCLE  
City-St-Zip: DAVENPORT, FL 33897

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NICK MILLER

MGRM

03/28/2006

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