


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90019 034 \*\*\*\*50.00

<b>DOCUMENT # L05000061719</b> 1. Entity Name <b>CORAL RIDGE TRADE LLC</b>					
Principal Place of Business <b>2409 BAYVIEW DRIVE</b> <b>FT LAUDERDALE, FL 33305 US</b>			Mailing Address <b>2409 BAYVIEW DRIVE</b> <b>FT LAUDERDALE, FL 33305 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-3036670</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KELLY, JOHN F</b> <b>3020 N FEDERAL HWY</b> <b>11B</b> <b>FT LAUDERDALE, FL 33306</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>CARTER, PHILLIP C</b> <b>2409 BAYVIEW DRIVE</b> <b>FT LAUDERDALE, FL 33305</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Michael L. Burton</b> <b>5526 Quarry Hill Dr.</b> <b>Fitchburg, Wis. 53711</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MOORE, WILLIAM GERALD</b> <b>2641 NE 26 PLACE</b> <b>FT. LAUDERDALE, FL 33306</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>Michael L. Burton</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Phillip C. Carter</u> <u>Phillip C. Carter</u> <u>3 Jan. '06</u> <u>954.648.6617</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>					