## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000073682

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

1. Entity Name



## **FILED** Mar 27, 2006 8:00 am Secretary of State 03-27-2006 90047 043 \*\*\*\*50.00

Masci 21, 2006

<u> 312- 258-3100</u>

STRATEG	IC TIMING SIGNALS LLC			
Principal Place 2541 NE 48 0 LIGHTHOUSE I		Mailing Address 2541 NE 48 COURT LIGHTHOUSE POINT, F	L 33064 US	1
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162006 Chg-LLC CR2E083 (11/05)
City & State		City & State		4. FEI Number Applied For 20 - 3209937 Not Applicable
Zìp	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
2541 NE 48	RF, RICHARD A SR 3 COURT ISE POINT, FL 33064			ddress (P.O. Box Number is Not Acceptable)
	,		City	FL Zip Code
8. The above the obligation	named entity submits this statement fons of registered agent.	or the purpose of changing it	s registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE _	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signature	ure required when reinstating) DATE
. Du	ling Fee Is \$50.00 ue by May 1, 2006			Make check payable to Florida Department of State
9.	MANAGING MEMB		10.	ADDITIONS/CHANGES
NAME STREET ADDRESS CITY-ST-ZIP	T S LEASING GROUP INC 2541 NE 48 COURT LIGHTHOUSE POINT, FL 3306	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEN 2 TRADE GROUP LLC 118 NORTH CLINTON SUITE 1 CHICAGO, IL 60661	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby indicated	d on this report is true and accurate as	ith this filing does not qualify nd that my signature shall have the employment to exposite th	NAME STREET ADDRESS CITY-ST-ZIP  for the exemptions co ve the same legal effect is report as required to	contained in Chapter 119, Florida Statutes, I further certify that the information

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE