

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L05000089599

1. Entity Name

G.A.G. TRADING, LLC



**FILED
Jun 29, 2006 8:00 am
Secretary of State**

06-29-2006 90091 003 ****50.00



1st MOORE CR2E083 (10/05)

Principal Place of Business		Mailing Address	
2220 S OCEAN BLVD SUITE 502 DELRAY BEACH FL 33483		2220 S OCEAN BLVD SUITE 502 DELRAY BEACH FL 33483	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
PLATT & TENBERG PA 2470 NE 23RD STREET POMPANO BEACH FL 33062			

4. FEI Number 20-3493630	Applied For <input checked="" type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	
\$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City			
FL		Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when translating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGMR	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRYER, GERALD L SR.		
STREET ADDRESS	2220 S OCEAN BLVD SUITE 502		
CITY-ST-ZIP	DELRAY BEACH FL 33483		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Gerald Dryer

6/24/06 561-278-2353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #