


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90032 004 ****50.00

DOCUMENT # L05000091308

1. Entity Name
TRADINGEDUCATION.COM, LLC



Principal Place of Business Mailing Address
25941 APPLE BLOSSOM LANE **25941 APPLE BLOSSOM LANE**
WESLEY CHAPEL, FL 33544 **WESLEY CHAPEL, FL 33544**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5807 Old Pasco Road **5807 Old Pasco Road**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Wesley Chapel, FL **Wesley Chapel, FL**
 Zip Country Zip Country
33544 **USA** **33544** **USA**

6. Name and Address of Current Registered Agent
ELLWANGER, THOMAS J
501 EAST KENNEDY BLVD.
SUITE 1700
TAMPA, FL 33602



01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
20-3531868 Not Applicable

5. Certificate of Status Desired **\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$50.00 Due by May 1, 2007 **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MENDELSON, LANE 25941 APPLE BLOSSOM LN WESLEY CHAPEL, FL 33544 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5807 Old Pasco Road <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wesley Chapel, FL 33544
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lane J. Mendelson* **LANE J. Mendelson** **1/8/07** **813-973-0496**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #