2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000096125

Entity Name: ADVANCED TRADING SOLUTIONS LLC

Current Principal Place of Business:

1855 COMMODORE POINT
ORANGE PARK, FL 32003

New Principal Place of Business:

17015 TOM FOX AVE
POOLESVILLE, MD 20837

Current Mailing Address:

1855 COMMODORE POINT
ORANGE PARK, FL 32003

New Mailing Address:

17015 TOM FOX AVE
POOLESVILLE, MD 20837

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSON, SUSAN J
1855 COMMODORE POINT
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

LARSON, SUSAN J
17015 TOM FOX AVE
POOLESVILLE, FL 20837 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: 04/30/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LARSON, SUSAN J
Address: 1855 COMMODORE POINT
City-St-Zip: ORANGE PARK, FL 32003

Title: MGRM ( ) Delete
Name: LARSON, DAVID
Address: 1855 COMMODORE POINT
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LARSON, SUSAN J
Address: 17015 TOM FOX AVE
City-St-Zip: POOLESVILLE, MD 20837

Title: MGRM (X) Change ( ) Addition
Name: LARSON, DAVID
Address: 17015 TOM FOX AVE
City-St-Zip: POOLESVILE, MD 2837

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN LARSON MGR 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date