2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L05000098383

1. Entity Name

TRADING EDUCATION GROUP, LLC



FILED Feb 16, 2007 08:00 All Secretary of State

Principal Place of Business

DAVIE, FL 33328

10992 PINE LODGE TRAIL

Mailing Address

P.O. BOX 551058

FORT LAUDERDALE, FL 33355



02092007 No Chg-LLC -DO NOT WRITE IN THIS SPACE

CR2E083 (11/05)

4. FEI Number 34-2057156

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MUNOZ, JAIME E

DO NOT WRITE

DAVIE, FL 33328		IN THIS	IN THIS SPACE	
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in the Stat	e of Florida. I am familiar with, and accept	
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE; Registered Agent signature required when reinstating)	DATE	
Fi	lling Fee is \$50.00 ue by May 1, 2007	U00 02/28/	000641120 '07-80094-011 50.00	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM MUNOZ, JAIME E 10992 PINE LODGE TRL FORT LAUDERDALE, FL 33328			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		·	•	

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 fiability company or the processor or pustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

954 - 382 - 0304