

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049276

FILED
Mar 21, 2009
Secretary of State

Entity Name: KELLY TRADING COMPANY, LLC

Current Principal Place of Business:

118 SPORTSMAN ROAD
ROTONDA WEST, FL 33947

New Principal Place of Business:

Current Mailing Address:

118 SPORTSMAN ROAD
ROTONDA WEST, FL 33947

New Mailing Address:

FEI Number: 42-1704831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, LAWRENCE F
118 SPORTSMAN ROAD
ROTONDA WEST, FL 33947 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHAMROCK TRADERS, IN, C.
Address: 823 SOUTH SIXTH STREET, SUITE 100
City-St-Zip: LAS VEGAS, NV 89101

Title: MGRM () Delete
Name: KELLY, LAWRENCE F
Address: 118 SPORTSMAN ROAD
City-St-Zip: ROTONDA WEST, FL 33947

Title: MGRM () Delete
Name: KELLY, PATRICIA C
Address: 118 SPORTSMAN ROAD
City-St-Zip: ROTONDA WEST, FL 33947

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SHAMROCK TRADERS, IN, C.
Address: 601 E CHARLESTON BLVD, STE 100
City-St-Zip: LAS VEGAS, NV 89104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LAWRENCE F KELLY

MGRM

03/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date