


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90164 004 ****50.00

DOCUMENT # L06000067278	
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1. Entity Name TRT TRADING LLC	Principal Place of Business 261 SANDTRAP ROAD DESTIN, FL 32550	Mailing Address P.O. BOX 1318 WILMINGTON, NC 28402
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60027032



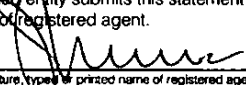
2. Principal Place of Business - No P.O. Box # 261 SANDTRAP ROAD	3. Mailing Address 636 Ridge Haven Pk.
Suite, Apt. #, etc. 3-W	Suite, Apt. #, etc. R-3-13
City & State Destin FL	City & State BANNER ELLI N.C.
Zip 32550	Zip 28604
Country USA	Country USA

01262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5176046	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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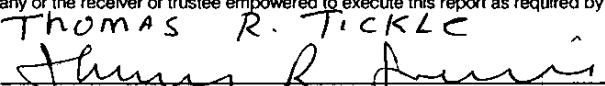
6. Name and Address of Current Registered Agent TICKLE, THOMAS R 261 SANDTRAP ROAD DESTIN, FL 32550	7. Name and Address of New Registered Agent Name: THOMAS R. TICKLE Street Address (P.O. Box Number is Not Acceptable) 261 SANDTRAP ROAD 3-W City: Destin FL Zip Code: 32550
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8. 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: 	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	MGRM TICKLE, THOMAS R 261 SANDTRAP ROAD DESTIN, FL 32550 <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
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: 	DATE: 1-27-07 DAYTIME PHONE #: 678-427-6311