

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094138

Entity Name: MOONLITE TRADING, L.L.C

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

12949 VILLAGE BLVD
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

12949 VILLAGE BLVD
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 04-3850173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTOUS, JEFFRET
12949 VILLAGE BLVD
MADEIRA BEACH, FL 33708 US

Name and Address of New Registered Agent:

ANTOUS, JEFFREY
12949 VILLAGE BLVD
MADEIRA BEACH, FL 33708 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: JEFFREY ANTOUS

02/05/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANTOUS, JEFFREY
Address: 300 S. FLORIDA AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: BRAVERMAN, NORMAN
Address: 17A OLDE MISTICK VILLAGE
City-St-Zip: MYSTIC, CT 06355

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANTOUS, JEFFREY
Address: 300 S. FLORIDA AVENUE #200-H
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM (X) Change () Addition
Name: CARIFI, FRANK
Address: 3009 LANDMARK BLVD
City-St-Zip: PALM HARBOR, FL 34689

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: JEFFREY ANTOUS

MGRM

02/05/2008

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