

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005480

FILED
May 01, 2008
Secretary of State

Entity Name: BEST OFFERS TRADING LLC

Current Principal Place of Business:

C/O SCHENK & ASSOCIATES, PLC
999 BRICKELL AVENUE, SUITE 700
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O SCHENK & ASSOCIATES, PLC
999 BRICKELL AVENUE, SUITE 700
MIAMI, FL 33131

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SCHENK & ASSOCIATES, PLC
999 BRICKELL AVENUE
SUITE 700
MIAMI, FL 33131 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: ARNDT, ANDREAS
Address: LANGENSTUECKEN 29
City-St-Zip: HAMBURG, GERMANY, D 22393

Title: MGR (X) Change () Addition
Name: LENTES, ALEXANDER C
Address: ROALD-AMUNDEN-STR. 16
City-St-Zip: 17493 GREIFSWALD, _ GERMANY _

Title: MGR () Delete
Name: WINKLER, MATTHIAS
Address: LANGENSTUECKEN 29
City-St-Zip: HAMBURG, GERMANY, D 22393

Title: MGR (X) Change () Addition
Name: WINKLER, MATTHIAS
Address: POPPENBUETTELER BOGEN 17
City-St-Zip: 22399 HAMBURG, _ GERMANY _

Title: P () Delete
Name: ARNDT, ANDREAS
Address: LANGENSTUECKEN 29
City-St-Zip: HAMBURG, GERMANY, D 22393

Title: P (X) Change () Addition
Name: LENTES, ALEXANDER C
Address: ROALD-AMUNDEN-STR. 16
City-St-Zip: 17493 GREIFSWALD, _ GERMANY _

Title: T () Delete
Name: WINKLER, MATTHIAS
Address: LANGENSTUECKEN 29
City-St-Zip: HAMBURG, GERMANY, D 22393

Title: T (X) Change () Addition
Name: WINKLER, MATTHIAS
Address: POPPENBUETTELER BOGEN 17
City-St-Zip: 22399 HAMBURG, _ GERMANY _

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: MAXIMILIAN SCHENK

AA

05/01/2008

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