

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053730

FILED
Mar 17, 2009
Secretary of State

Entity Name: MOMENTUM TRADING GROUP, LLC

Current Principal Place of Business:

200 SOUTH ANDREWS AVENUE,
SUITE 701
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

200 SOUTH ANDREWS AVENUE,
SUITE 701
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 26-0301932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KHAN, NISHAD A
907 OUTER ROAD
SUITE B
ORLANDO, FL 32814 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: NAYAR, SANJAY
Address: 200 SOUTH ANDREWS AVE SUITE 701
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: HALHOTRA, AMIT
Address: 200 SOUTH ANDREWS AVE SUITE 701
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGR () Delete
Name: AXANI, SEAN
Address: 200 SOUTH ANDREWS AVE SUITE 701
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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

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: SEAN AXANI

MGR

03/17/2009

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