

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075054

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: TRADING BUSINESS ASSOCIATES LLC

**Current Principal Place of Business:**

9631 FONTAINEBLEAU #502  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9631 FONTAINEBLEAU #502  
MIAMI, FL 33172

**New Mailing Address:**

FEI Number: 74-3224473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ARIAS, DARYL  
9631 FONTAINEBLEAU #502  
MIAMI, FL 33172 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: ARIAS, DARYL  
Address: 9631 FONTAINEBLEAU #502  
City-St-Zip: MIAMI, FL 33172

Title: MGRM ( ) Delete  
Name: ESTRELLA, MIGUEL  
Address: 5050 NW 7 STREET APT 802  
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete  
Name: PAPPATERRA, MANUEL  
Address: 19873 DINNER KEY DR. 02  
City-St-Zip: BOCA RATON, FL 33126

**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: DARYL ARIAS

MGRM

04/11/2008

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