

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 02, 2008 8:00 am
Secretary of State

04-28-2008 90047 038 ***138.75

DOCUMENT # L07000076776 1. Entity Name HEARD TRADING LLC																																																																																																																	
Principal Place of Business 3501 DEL PRADO BLVD S STE 302 CAPE CORAL, FL 33904			Mailing Address 3501 DEL PRADO BLVD S STE 302 CAPE CORAL, FL 33904																																																																																																														
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State Zip Country		City & State Zip Country																																																																																																															
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent GALLAGHER, JOHN C 3501 DEL PRADO BLVD S STE 302 CAPE CORAL, FL 33904 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																																																																																																																	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75			Make check payable to Florida Department of State																																																																																																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>GALLAGHER, TERENCE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>9317B VENTNOR AVE</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>MARGATE, NJ 08402</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>RYAN, JAMES W</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>125 BROOKE FARM RD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>ST DAVIDS, PA 19087</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	MGRM	☐ Delete	NAME	GALLAGHER, TERENCE		STREET ADDRESS	9317B VENTNOR AVE		CITY- ST- ZIP	MARGATE, NJ 08402		TITLE	MGRM	☐ Delete	NAME	RYAN, JAMES W		STREET ADDRESS	125 BROOKE FARM RD		CITY- ST- ZIP	ST DAVIDS, PA 19087		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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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: _____ 4/25/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																																																																																																	

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