

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099738

FILED
Mar 24, 2009
Secretary of State

Entity Name: BRJ TRADING, LLC.

Current Principal Place of Business:

24123 PEACHLAND BLVD. C-4 109
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

24123 PEACHLAND BLVD. C-4 109
PORT CHARLOTTE, FL 33954

New Mailing Address:

FEI Number: 26-3561568

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OVERMYER, JERRY L.
24123 PEACHLAND BLVD. C-4 109
PORT CHARLOTTE, FL 33954 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: MGRM () Delete
Name: OVERMYER, JERRY L.
Address: 24123 PEACHLAND BLVD. C-4 109
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MGRM () Delete
Name: HANSON, RANDALL J
Address: 6546 WARRIORS RUN
City-St-Zip: LITTLETON, CO 80125

Title: MGRM () Delete
Name: CRITES, BRIAN
Address: 869 KRYPTONITE DR.
City-St-Zip: CASTLE ROCK, CO 80108

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HANSON, RANDALL J
Address: 6546 WARRIORS RUN
City-St-Zip: LITTLETON, CO 80125

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: JERRY L OVERMYER

MGRM

03/24/2009

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