2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000100682

Entity Name: ORNAMENTAL TRADING, LLC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

199 OCEAN LANE DRIVE, UNIT 813 24200 SW 167TH AVE KEY BISCAYNE, FL 33149 HOMESTEAD, FL 33031

Current Mailing Address: New Mailing Address:

199 OCEAN LANE DRIVE, UNIT 813 15214 SW 52ND ST KEY BISCAYNE, FL 33149 MIRAMAR, FL 33027

FEI Number: 26-3627461 FEI Number Applied For () FEI Number Not Applicable () 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:

OTERO, JORGE E ESQ. 75 VALENCIA AVE., SECOND FLOOR CORAL GABLES, FL 33134 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 Title: () Change () Addition Name: KAROW, HORST H Name:

 Name
 Name

 Address:
 199 OCEAN LANE DRIVE, UNIT 813
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 KAROW, CHRISTOPHER H
 Name:

 Address:
 199 OCEAN LANE DRIVE, UNIT 813
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:

Title: MGRM () Delete Title: MGRM (X) Change () Addition
Name: KAROW DE FERNANDEZ, KATHE F
Name: KAROW DE FERNANDEZ, KATHE F

 Address:
 199 OCEAN LANE DRIVE, UNIT 813
 Address:
 15214 SW 52ND ST

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 City-St-Zip:
 MIRAMAR, FL 33027

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: FERNANDEZ-BOTTO, HECTOR C Name: FERNANDEZ-BOTTO, HECTOR C

 Address:
 199 OCEAN LANE DRIVE, UNIT 813
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 15214 SW 52ND ST

 City-St-Zip:
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 MIRAMAR, FL 33027

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: HECTOR C FERNANDEZ MGRM 05/01/2009