FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ELORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State FILED 1997 DIVISION OF CORPORATIONS 97 APR 18 PM 12: 43 FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**L96000001289 TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address LORAN FUTURES, L.C. 75485 OVERSEAS HIGHWAY 5485 OVERSEAS HIGHWAY ISLAMORADA FL ISLAMORADA FL If above malling address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 2/11/1996 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country This is Sirst \$8.75 Additional Fee Required Silins 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent Name MARSHALL, JOHN A 75485 OVERSEAS HIGHWAY Street Address (P.O. Box Number is Not Acceptable) ISLAMORADA FL Suite, Apt. #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ (Registered Agent Accepting Ap required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MARSHALL, JOHN A MGR 5485 OVERSEAS HIGHWAY SLAMORADA FL MGR MARSHALL, DOTTIE 5485 OVERSEAS HIGHWAY ISLAMORADA FL MGR MARSHALL, JOHN W 5485 OVERSEAS HIGHWAY ISLAMORADA FL 600002152136----04/23/97--01074--020 ****203.75 ****203.75 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an SIGNATURE: SIGNATUR AND

'ED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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