

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001289

FILED  
Apr 14, 2004  
Secretary of State

Entity Name: LORAN FUTURES, L.C.

**Current Principal Place of Business:**

75485 OVERSEAS HIGHWAY  
ISLAMORADA, FL

**New Principal Place of Business:**

**Current Mailing Address:**

75485 OVERSEAS HIGHWAY  
ISLAMORADA, FL

**New Mailing Address:**

FEI Number: 65-0787209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARSHALL, JOHN A  
75485 OVERSEAS HIGHWAY  
ISLAMORADA, FL 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: MARSHALL, JOHN A  
Address: 75485 OVERSEAS HIGHWAY  
City-St-Zip: ISLAMORADA, FL

Title: MGR ( ) Delete  
Name: MARSHALL, DOTTIE  
Address: 75485 OVERSEAS HIGHWAY  
City-St-Zip: ISLAMORADA, FL

Title: MGR ( ) Delete  
Name: MARSHALL, JOHN W  
Address: 75485 OVERSEAS HIGHWAY  
City-St-Zip: ISLAMORADA, FL

**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 for the exemption stated in Section 119.07(3)(i), 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: JOHN W. MARSHALL

MGR

04/14/2004

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