2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2007
Secretary of State

DOCUMENT# L96000001289

Entity Name: LORAN FUTURES, L.C.

Current Principal Place of Business:

75485 OVERSEAS HIGHWAY
ISLAMORADA, FL 33036 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 757
ISLAMORADA, FL 33036 US

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 33036 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:	MGR	( ) Delete
Name:	MARSHALL, JOHN A	
Address:	75485 OVERSEAS HIGHWAY	
City-St-Zip:	ISLAMORADA, FL 33036 US	
Title:	MGR	( ) Delete
Name:	MARSHALL, DOTTIE E	
Address:	75485 OVERSEAS HIGHWAY	
City-St-Zip:	ISLAMORADA, FL 33036 US	
Title:	MGR	( ) Delete
Name:	MARSHALL, JOHN W	
Address:	75485 OVERSEAS HIGHWAY	
City-St-Zip:	ISLAMORADA, FL 33036 US	

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 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: JOHN MARSHALL MR. 03/25/2007

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