

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000506

FILED
Apr 13, 2009
Secretary of State

Entity Name: OFFSHORE TRADING CO., L.L.C.

Current Principal Place of Business:

2340 PERIWINKLE WAY, UNIT M-1
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

2340 PERIWINKLE WAY, UNIT M-1
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 74-2831699

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTELLO, JAMES M
2077 FIRST ST., SUITE 203
FORT MYERS, FL 33901 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: GRALNICK, MARVIN J
Address: 2340 PERIWINKLE WAY, UNIT M-1
City-St-Zip: SANIBEL, FL 33957

Title: MGRM () Delete
Name: GRALNICK, HELENE B
Address: 2340 PERIWINKLE WAY, UNIT M-1
City-St-Zip: SANIBEL, FL 33957

Title: VP (X) Delete
Name: GIORDANI, ROSEANNE
Address: 2340 PERIWINKLE WAY UNIT M-1
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES:

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

Title: VP (X) Change () Addition
Name: GIORDANI, ROSEANNE
Address: 2340 PERIWINKLE WAY UNIT M-1
City-St-Zip: SANIBEL, FL 33957

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: ROSEANNE GIORDANI

VP

04/13/2009

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