

2nd and File on or before Sept. 29, 1999 or Limited Liability Company
FINAL NOTICE: will be dissolved.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

90 JUL 26 PM 2:17

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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|--------------------------------|---|
| FILING FEE \$ 588.75 | Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
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|---|--------------------------------|
| 1. Name and Mailing Address of Limited Liability Company | DOCUMENT # L98000002831 |
| TRADEPOINTE SECURITIES, L.L.C. 5817 WEST HIGHWAY 192 KISSIMMEE FL 34747 | |

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| 1a. Principal Place of Business Address |
| 5817 WEST HIGHWAY 192 KISSIMMEE FL 34747 |

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| 2. Principal Place of Business | 2a. Mailing Address |
| 200 S. ORANGE AVE Suite, Apt. #, etc. SUITE 1540 City & State ORLANDO FL | 200 S. ORANGE AVE Suite, Apt. #, etc. SUITE 1540 City & State ORLANDO FL |
| Zip 32801 Country USA | Zip 32801 Country USA |

| | |
|--------------------------------|---|
| 3. Date Organized or Qualified | 3a. State of Formation |
| 11/23/1998 | FL |
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Date of Last Report | 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/> |

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|--|
| 7. Name and Address of Current Registered Agent |
| KHANANI, M. OWAIS 5817 WEST HIGHWAY 192 KISSIMMEE FL 34747 |

| | |
|--|----------|
| 8. Name and Address of New Registered Agent/Office | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| Suite, Apt. #, etc. | |
| City | Zip Code |
| FL | |

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 _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|-----------|---------------------------|-------------------------|--------------------------|
| MGRM | KHANANI, M. SALEEM | 5817 WEST HIGHWAY 192 | KISSIMMEE FL |
| MGRM | KHANANI, M. OWAIS | 5817 WEST HIGHWAY 192 | KISSIMMEE FL |
| MGRM | KHANANI, M. HANI | 5817 WEST HIGHWAY 192 | KISSIMMEE FL |

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-08/03/99--01084--017
****188.75 ****188.75

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 attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

July 19, 1999

FLORIDA DEPT. OF STATE
KATHERINE HARRIS
SECRETARY OF STATE
DIVISION OF CORPORATIONS

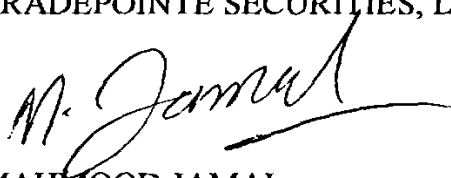
DOCUMENT. L98000002831

Dear Sirs:

According to your advise please find the check for the amount of \$188.75. I did not receive the First Notice as I explained on phone.

Thank you very much for your co-operation.

TRADEPOINTE SECURITIES, L.L.C.

A handwritten signature in black ink, appearing to read "M. Jamal", with a long horizontal flourish extending to the right.

MAHMOOD JAMAL
Controller