ABA TRADING, L.L.C.  Principal Place of Business 6580 WEST ROGERS CIRCLE, SUITE 27 BOCA RATON FL 33487  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country  2. City & State  Zip  Country  2. Name and Address of Current Registered Agent  ROSSZ FIU CORPORATION C/O KEITH MACK LLP 200 \$ BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131  6. The above named entity submits this statement for the purpose of changing its registered office or reg  Make Check Payable to Department  Due By September 26, 200  9. MANAGING MEMBERS / MANAGERS  IIILE NAME REIFF, RICK 6580 WEST ROGERS CIRCLE, SUITE 27 BOCA RATON FL 33487  IIILE NAME REIFF, RICK 6580 WEST ROGERS CIRCLE, SUITE 27 BOCA RATON FL 33487  IIILE NAME SIREET ADDRESS CITY-ST-ZIP  IIILE SIREET ADDRESS CITY-ST-ZIP  IIILE NAME SIRE	FILED  SEP -4 PM I2: 17  SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE  Applied For Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required  7Name and Address of New Registered Agent  s (P.O. Box Number is Not Acceptable)  FL Zip Code
8560 WEST ROGERS CIRCLE. SUITE 27 BOCA RATON FL 33487  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country  Country  Country  Agent  ROSSZ FIU CORPORATION C/O KEITH MACK LLP 200 S BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131  City  8. The above named entity submits this statement for the purpose of changing its registered office or reg  SIGNATURE  Signature, typed or printed name of registered spent and life if applicable.  (NOTE: Registered Agent signature re  FILE NOW!!! FEE S \$50.0  Make Check Payable to Department  Due By September 25, 200  9. MANAGING MEMBERS/MANAGERS  TILE NAME REIFF, RICK 6560 WEST ROGERS CIRCLE, SUITE 27  BOCA RATON FL 33487  TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE Delete TITLE NAME SIRRET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE TITLE Delete TITLE	SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE  Applied For Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required  7:-Name and Address of New Registered Agent  s (P.O. Box Number is Not Acceptable)
6560 WEST ROGERS CIRCLE. SUITE 27 BOCA RATON FL 33487  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Street Address of Current Registered Agent  Name  Street Addre	SECRETARY OF STATE TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE  Applied For Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required  7:-Name and Address of New Registered Agent  s (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.  City & State  Zip	DO NOT WRITE IN THIS SPACE  Applied For Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required  7: Name and Address of New Registered Agent  5 (P.O. Box Number is Not Acceptable)
City & State  Zip Country  S. Name and Address of Current Registered Agent  ROSSZ FIU CORPORATION C/O KEITH MACK LLP 200 \$ BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131  City  3. The above named entity submits this statement for the purpose of changing its registered office or reg  SIGNATURE Signature, typed or printed name of registered agent and life if applicable.  FILE NOW!!! FEE (\$ \$50.4  Make Check Payable to Department Due By September 26, 200  Make Check Payable to Department Due By September 26, 200  MAME REIFF, RICK 6560 WEST ROGERS CIRCLE, SUITE 27  BOCA RATON FL 33487  ITILE  MAME STREET ADDRESS CITY-ST-ZIP  ITILE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete	4. FEI Number 8 35 APPLIED-FOR Applied For Not Applied For Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required  7. Name and Address of New Registered Agent  5 (P.O. Box Number is Not Acceptable)
ROSSZ FIU CORPORATION C/O KEITH MACK LLP 200 S BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131  City  The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature rec  FILE NOW!!! FEE (\$ \$50.1  Make Check Payable to Department Due By September 26, 200  MANAGING MEMBERS / MANAGERS  ITILE MARE REIFF, RICK 6560 WEST ROGERS CIRCLE, SUITE 27 BOCA RATON FL 33487  ITILE MAME STREET ADDRESS CITY-ST-ZIP  ITILE  ITI	Not Applicable  5. Certificate of Status Desired \$5.00 Additional Fee Required  7: Name and Address of New Registered Agent  5 (P.O. Box Number is Not Acceptable)
ROSSZ FIU CORPORATION C/O KEITH MACK LLP 200 \$ BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131  City  The above named entity submits this statement for the purpose of changing its registered office or reg  SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature ref  FILE NOW!!! FEE (\$ \$50.0  Make Check Payable to Department  Due By September 26, 200  Make Check Payable to Department  Due By September 26, 200  MAME REIFF, RICK 6560 WEST ROGERS CIRCLE, SUITE 27 BOCA RATON FL 33487  ITLE  MAME MAME MAME MAME METERET ADDRESS CITY-ST-ZIP  ITLE  Delete  ITLE  NAME STREET ADDRESS CITY-ST-ZIP  ITLE  Delete  ITLE  Delete  ITLE  NAME STREET ADDRESS CITY-ST-ZIP  ITLE  Delete  ITLE  Delete  ITLE  NAME STREET ADDRESS CITY-ST-ZIP  ITLE  Delete  ITLE  NAME STREET ADDRESS CITY-ST-ZIP  ITLE  Delete  ITLE  Delete  ITLE  Delete  ITLE  Delete  ITLE  NAME STREET ADDRESS CITY-ST-ZIP  ITLE  Delete  ITLE  ITLE  Delete  ITLE  ITLE	Fee Required  7: Name and Address of New Registered Agent  s (P.O. Box Number is Not Acceptable)  FL Zip Code
ROSSZ FIU CORPORATION C/O KEITH MACK LLP 200 S BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131  City  3. The above named entity submits this statement for the purpose of changing its registered office or reg SIGNATURE  Signature, typed or printed name of registered agent and little if applicable.  (NOTE: Registered Agent signature res  FILE NOW!!! FEE \$ \$50.0  Make Check Payable to Department Due By September 26, 200  9. MANAGING MEMBERS/MANAGERS III.E  MARE REIFF, RICK 6560 WEST ROGERS CIRCLE, SUITE 27 BOCA RATON FL 33487  III.E  MAME STREET ADDRESS STRY-ST-ZIP  III.E  MAME STREET ADDRESS CITY-ST-ZIP  III.E  MAME STREET ADDRESS CITY-ST-ZIP  III.E  Delete  IIII.E  III.E	s (P.O. Box Number is Not Acceptable)  FL Zip Code
C/O KEITH MACK LLP 200 \$ BISCAYNE BLVD., 20TH FLOOR MIAMI FL 33131  City  The above named entity submits this statement for the purpose of changing its registered office or reg  SIGNATURE  Signature, typed or printed name of registered agent and life if applicable.  (NOTE: Registered Agent signature rec  FILE NOW!!! FEE \$ \$50.4  Make Check Payable to Department Due By September 26, 200  MANAGING MEMBERS/MANAGERS  ITULE  MARE REIFF, RICK REIFF, RICK STREET ADDRESS ITV-ST-ZIP  BOCA RATON FL 33487  ITLE  AME AME AME AME AME AME AME AME AME A	FL Zip Code
MIAMI FL 33131  City  I. The above named entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable.  (NOTE: Registered Agent signature registered agent and title if applicable.  (NOTE: Registered Agent signature registered agent and title if applicable.  (NOTE: Registered Agent signature registered agent and title if applicable.  (NOTE: Registered Agent signature registered agent and title if applicable.  (NOTE: Registered Agent signature registered agent and title if applicable.  (NOTE: Registered Agent signature registered agent and title if applicable.  (NOTE: Registered Agent signature registered agent and title if applicable.  (NOTE: Registered Agent signature registered	FL
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SIGNATURE    Signature, typed or printed name of registered agent and title it applicable.   (NOTE: Registered Agent signature recommended)   FILE NOW!!! FEE \$ \$50.4     Make Check Payable to Department     Due By September 26, 200     MANAGING MEMBERS / MANAGERS   10.     ITLE	
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