

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000006189

FILED

1. Entity Name
LARTRADE LLC

00 FEB -4 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
941 4TH STREET, STE #200M
MIAMI BEACH FL 33139

Mailing Address
941 4TH STREET, STE #200M
MIAMI BEACH FL 33139-6816



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATE CREATIONS ENTERPRISES INC 941 4TH STREET #200 MIAMI BEACH FL 33139		Name Street Address (P.O. Box Number is Not Acceptable) 200003128862-2 -02/03/00--01015--013 ****50.00 FL ***2850.00	
		City	

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GREER-DONNELLY, JOHN T 941 4TH STREET, #200M MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Trevor Greer Donnelly <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rue du Moulin Sark Channel Islands
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOUISE-CREBER, CHRISTIANNE H 941 4TH STREET, #200M MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christianne Helena Louise Creber <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Little Rocques Flat, Rocques de St Clair, Rue des Pointes Rocques Delancey, St Sampsons, Guernsey GY2 4HN, Channel Islands
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EATON, CHRISTOPHER P 941 4TH STREET, #200M MIAMI BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Christopher Peter Eaton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Trollaby House, Trollaby Lane, Union Mills IM4 4AW, Isle of Man, U.K.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

SIGNATURE: SIGNATURE REQUIRED JTG DONNELLY 18/01/00 00 44 1481 83 2201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #