

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000258

Entity Name: T-REX BROKERAGE LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

C/O T-REX CAPITAL, LLC
5335 WISCONSIN AVE, STE 960
WASHINGTON, DC 20015

New Principal Place of Business:

Current Mailing Address:

5000 T-REX AVENUE
SUITE 160
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 52-2206068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PREMINGER, CLIFFORD J
Address: 5335 WISCONSIN AVE., STE. 960
City-St-Zip: WASHINGTON, DC 20015

Title: MGRM () Delete
Name: MULROY, THOMAS M
Address: 5335 WISCONSIN AVE., STE 960
City-St-Zip: WASHINGTON, DC 20015

Title: MGRM () Delete
Name: STAVOLA, JOAN
Address: 5000 T-REX AVE., STE. 100
City-St-Zip: BOCA RATON, FL 33431

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: ALBA MAYA

AP

04/17/2007

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