

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2004 8:00 am
Secretary of State

05-25-2004 90204 005 ****50.00

DOCUMENT # M01000002794

1. Entity Name

INTERNATIONAL TRADING GROUP L.L.C.



Principal Place of Business

~~1845 OAK ST. STE 9~~
~~NORTHFIELD, IL 60093~~
2700 Patriot Blvd., Ste. 350
Glenview, IL 60025

Mailing Address

~~1845 OAK ST. STE 9~~
~~NORTHFIELD, IL 60093~~
2700 Patriot Blvd., Ste. 350
Glenview, IL 60025



05182004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
36-4222199

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORGAN, ROBERT G
6440 SOUTHPOINT PKWY, #220
JACKSONVILLE, FL 32216

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ELLIS, DAVID
STREET ADDRESS	1845 OAK ST., STE 9 2700 Patriot Blvd., Ste. 350
CITY-STATE-ZIP	NORTHFIELD, IL Glenview, IL 60025
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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: *David Ellis*

David Ellis - AGAM

5/19/04

(847) 724-3258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #