


LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

04 MAY 13 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|---|---|
| DOCUMENT # <i>m03 000000 805</i> |  |
| 1. Entity Name GTP Futures, LLC | |

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| 2. Principal Place of Business 1270 Avenue of the Americas Suite, Apt. #, etc. | |
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| 3. Mailing Address 1270 Avenue of the Americas Suite, Apt. #, etc. 12th Floor | |
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|---|---|
| City & State New York, NY | City & State New York, NY |
|---|---|

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|---------------------|-----------------------|---------------------|-----------------------|
| Zip 10020 | Country USA | Zip 10020 | Country USA |
|---------------------|-----------------------|---------------------|-----------------------|

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|------------------------------------|---|
| 4. FEI Number 36-4400453 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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DO NOT WRITE IN THIS SPACE

| | |
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| 7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street City Tallahassee | |
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FL Zip Code
32301

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.

600036290646
05/14/04--01014--004 **50.00

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

DATE

| 9. MANAGING MEMBERS/MANAGERS | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Manager</i> Ronald H. Shear 1270 Avenue of the Americas New York, NY 10020 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>Manager</i> Howard Maiman 30 S. Wacker Dr. Ste 1112 Chicago, IL 60606 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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]*

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

5/5/04

Date

212-332-1525

Daytime Phone #