

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90092 003 ****50.00

DOCUMENT # M03000000805					
1. Entity Name GTP FUTURES, LLC					
Principal Place of Business 1270 AVENUE OF THE AMERICAS, 12TH FLOOR NEW YORK, NY 10020			Mailing Address 1270 AVENUE OF THE AMERICAS, 12TH FLOOR NEW YORK, NY 10020		
2. Principal Place of Business 1270 Third Avenue 8th Floor City & State: New York, NY Zip: 10017 Country: USA		3. Mailing Address 1270 Third Ave 8th Floor City & State: New York, NY Zip: 10017 Country: USA			
07102006 Chg-LLC CR2E083 (11/05)				4. FEI Number 36-4400453	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ State: FL Zip Code: _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE: MGR NAME: MALMAN, HOWARD STREET ADDRESS: 30 WACKER DRIVE, SUITE 1609 CITY-ST-ZIP: CHICAGO, IL 60606	<input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: MGR NAME: SHEAR, RONALD H STREET ADDRESS: 1270 AVENUE OF THE AMERICAS, 12TH FLOOR CITY-ST-ZIP: NEW YORK, NY 10020	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: 1270 Third Avenue CITY-ST-ZIP: New York, NY 10017	<input checked="" 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	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ronald Shear 7/14/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					