

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90026 017 ****55.00

DOCUMENT # M03000000981
1. Entity Name
ROYAL PALM TRADERS LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3422 OLD CAPITOL TRAIL
Suite, Apt. #, etc.
SUITE #1205

3. Mailing Address
P.O. BOX 565854
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WILMINGTON DE

City & State
KENDALL FLORIDA

Zip
19808

Country
USA

Zip
33256

Country
USA

4. FEI Number
68-0530765

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
REGISTERED AGENTS LEGAL SERVICES INC

Street Address (P.O. Box Number is Not Acceptable)
1333 DUVAL STREET

City
TALLAHASSEE

FL

Zip Code
32302

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

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT NITA A LEWIS 3422 OLD CAPITOL TRAIL #1205 WILMINGTON DE 19808
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE 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: Nita A Lewis **NITA A LEWIS** APR 8, 2004 305-989-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)