2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0400000198

1. Entity Name

OPUS TRADING FUND LLC



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

ONE JERICHO PLAZA 3RD FLOOR

ONE JERICHO PLAZA JERICHO, NY 11753

JERICHO, NY 11753



03052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 48-1293963

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

| Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when reinstating) | DATE | |
|---|---|--|-----|
| SIGNATURE | | | |
| The above named entity submits this statement for the purpose of cithe obligations of registered agent. | nariging its registered onice of registered agent, or both, in th | e state of Florida. Tampaniliar with, and acco | ;pt |

After May 1, 2008 Fee will be \$538.75

| 9. | MANAGING MEMBERS/MANAGERS | [1] 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M A DVISERS AMITY MANAGEMENT COMPANY IF LLC ONE JERICHO PLAZA JERICHO, NY 11753 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | 04/02/08/80062-013 138:75 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| 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 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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE