

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # M04000000765

1. Entity Name

ROBERT JENKINS TRADING LLC



Principal Place of Business

340 GIRALDA AVENUE, SUITE 817E  
CORAL GABLES, FL 33134

Mailing Address

340 GIRALDA AVENUE, SUITE 817E  
CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**



01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

36-4321182

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

JENKINS, ROBERT  
340 GIRALDA AVENUE, SUITE 817E  
CORAL GABLES, FL 33134

**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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	JENKINS, ROBERT
STREET ADDRESS	340 GIRALDA AVENUE, SUITE 817E
CITY-ST-ZIP	CORAL GABLES, FL 33134

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1100000515182  
04/29/06-80201-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Robert C. Jenkins*

*4/17/2006*

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

Date

Daytime Phone #