

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90167 005 ****50.00

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03082007 Chg-LLC CR2E083 (12/06)

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|--|--|--|--|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # 3327 Ashmonte Drive Suite, Apt. #, etc. | | 3. Mailing Address 30 N. LaSalle St. Suite, Apt. #, etc. Suite 3000 | | | |
| City & State Land O Lakes, FL Zip 34638 | | City & State Chicago, IL Zip 60602 | | Country USA | |
| 4. FEI Number 36-4321182 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 03082007 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent JENKINS, ROBERT 340 GIRALDA AVENUE, SUITE 817E CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name Allen Hargest Street Address (P.O. Box Number is Not Acceptable) 3327 Ashmonte Drive City Land O Lakes FL Zip Code 34638 | | |
| 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 <u><i>Allen Hargest</i></u> DATE <u>3-16-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JENKINS, ROBERT 340 GIRALDA AVENUE, SUITE 817E CORAL GABLES, FL 33134 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3327 Ashmonte Drive Land O Lakes, FL 34638 | |
| 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 | |
| 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. Allen Hargest, as Agent for Robert Jenkins, Manager | | | | | |
| SIGNATURE: <u><i>Allen Hargest</i></u> DATE <u>3-16-07</u> (813) 746-9292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |