2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M04000005005

Entity Name
 AFFINITY TRADING, L.L.C.



08-01-2005 90091 014 ****50.00

FILED

Aug 01, 2005 8:00 am Secretary of State

Principal Place of Business

467 ABALONE CT. APT. 502 FORT WALTON BEACH, FL 32548-6929 Malling Address

467 ABALONE CT. APT. 502 FORT WALTON BEACH, FL 32548-6929

01242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1590069 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typod or printed name of registered agent and 60e if explicable.

WEATHERSBY, FRANK M III 467 ABALONE CT. APT. 502 FORT WALTON BEACH, FL 32548-6929

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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.	
O1/		

(NOTE: Registered Agant signature regulated when reinstailing)

Filing Fee is \$50.00 Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
tifle Name Street adoress City-St-Zip	MGR WEATHERSBY, FRANK M III 467 ABALONE CT. APT. 502 FORT WALTON BEACH, FL 325486929
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST+ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-7/P	

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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 eath; that I am a managing member or manager of the limited liability company or the receiver or mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

490/-7331 T-003 P.004/005

7-21-05

20 200,00

pta Daytim

UI:14PM - PROM-Allen Jones CPA