2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2009
Secretary of State

DOCUMENT# M07000000622

Entity Name: FX SOLUTIONS, LLC

Current Principal Place of Business:

401 EAST LAS OLAS BLVD., SUITE 1680
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

401 EAST LAS OLAS BLVD., SUITE 1680
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 22-3767649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CORTRIGHT, ROBERT
Address: ONE ROUTE 17 SOUTH
City-St-Zip: SADDLE RIVER, NJ 07458

Title: MGR ( ) Delete
Name: PALUT, THOMAS
Address: ONE ROUTE 17 SOUTH
City-St-Zip: SADDLE RIVER, NJ 07458

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MARRA, MATTHEW
Address: ONE ROUTE 17 SOUTH
City-St-Zip: SADDLE RIVER, NJ 07458

Title: MGR (X) Change ( ) Addition
Name: CAIRNS, MICHAEL
Address: ONE ROUTE 17 SOUTH
City-St-Zip: SADDLE RIVER, NJ 07458

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MATTHEW MARRA CFO 07/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date