


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

| | | | | | |
|--|-------------------|--|------------------|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 APR -5 AM 11:28 | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # M98000000884 ELECTRONIC TRADING GROUP, L.L.C. 249 ROYAL PALM WAY, SUITE 303 J/K PALM BEACH FL 33480 <i>QH-AR CM</i> | | 1a. Principal Place of Business Address 249 ROYAL PALM WAY, SUITE 30 PALM BEACH FL 33480 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Organized or Qualified 08/13/1998 4. FEI Number 13-3802811 5. Date of Last Report <i>mailed</i> 3/29/99 | |
| 7. Name and Address of Current Registered Agent GRUBER, ANDREW 173 SUNSET AVE. PALM BEACH FL 33480 | | 3a. State of Formation IL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 700002840547-3 City FL Zip Code 041599-01093-008 State FL | | 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _____ (DATE) _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when agent resigns)</small> | | | |
| 10. Title Managing Members/Managers Business Street Address City, State and Zip Code | | | | | |
| MGRM | KANTER, ROBERT A | 111 BROADWAY, 3RD FLOOR | NEW YORK NY | | |
| MGRM | MESTER, JEFFREY S | 350 CALIFORNIA ST. | SAN FRANCISCO CA | | |
| MGR | HART, JACQUELINE | 111 BROADWAY, 3RD FLOOR | NEW YORK NY | | |
| MGR | WHITE, TERRENCE | 111 BROADWAY, 3RD FLOOR | NEW YORK NY | | |
| 11. I do 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 annual 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, and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE: <i>Jacqueline Hart</i> JACQUELINE HART 3/23/98 212-346-7376 | | | | | |