## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M9900000130

1. Entity Name
NS TRADING WORLDWIDE, LLC



FILED Jul 07, 2004 08:00 AM Secretary of State

Principal Place of Business 1285 AVE. OF THE AMERICAS 35TH FLOOR

NEW YORK, NY 10019

Mailing Address

1285 AVE. OF THE AMERICAS 35TH FLOOR NEW YORK, NY 10019



07012004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-4039432 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

TUTTLE, WILLIAM II 169 EAST FLAGLER STREET, SUITE 1700 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

8. The	above named entity submits this statement for the p	urpose 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 little if applicable.

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by September 8, 2004 U00000163877 07/07/04-80022-003 55.00

ı		
9. MANAGIN		MANAGING MEMBERS/MANAGERS
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEITHORN, KEITH 1285 AVE. OF THE AMERICAS, 35TH FLOOR NEW YORK, NY 10019
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VORA, MAHENDRA 1285 AVE. OF THE AMERICAS, 35TH FLOOR NEW YORK, NY 10019
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SALVO, MICHAEL J 1285 AVE. OF THE AMERICAS, 35TH FLOOR NEW YORK, NY 10019
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	TITLE NAME STREET ADDRESS CITY-ST-7IP	

## DO NOT WRITE IN THIS SPACE

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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR ALTHORIZET PEPPECENTATO

Tuly 1, 200 × (212) 554-

Daytime Phon