

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035374

FILED
Sep 25, 2009
Secretary of State

Entity Name: GLOBAL CITY INVESTMENTS LLC

Current Principal Place of Business:

5345 EAST IRLO BRONSON HIGHWAY
SAINT CLOUD, FL 34771

New Principal Place of Business:

2824 DEERFIELD STREET
SAINT CLOUD, FL 34771

Current Mailing Address:

5345 EAST IRLO BRONSON HIGHWAY
SAINT CLOUD, FL 34771

New Mailing Address:

2824 DEERFIELD STREET
SAINT CLOUD, FL 34771

FEI Number: 20-8771063 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:

ROSS, MICHAEL
5345 EAST IRLO BRONSON HIGHWAY
SAINT CLOUD, FL 34771 US

Name and Address of New Registered Agent:

FASSETT, ANTHONY & TAYLOR
1325 WEST COLONIAL DRIVE
ORLANDO, FL 32804 US

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: ROBERT ANTHONY

09/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSS, MICHAEL
Address: 5345 EAST IRLO BRONSON HIGHWAY
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSS, MICHAEL
Address: 2824 DEERFIELD STREET
City-St-Zip: SAINT CLOUD, FL 34771

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: MICHAEL ROSS

MGRM

09/25/2009

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