

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000001165**

1. Entity Name  
**GLOBAL VILLAGE IMPORTS, LLC**



Principal Place of Business  
**349 S. HENDERSON ROAD  
KING OF PRUSSIA, PA 19406**

Mailing Address  
**349 S. HENDERSON ROAD  
KING OF PRUSSIA, PA 19406**

**DO NOT WRITE IN THIS SPACE**



01032006No Chg-LLC

CRZE083 (11/05)

4. FEI Number  
**23-3026761**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**NATIONAL DISTRIBUTING CO  
9423 NORTH MAIN ST  
JACKSONVILLE, FL 32203**

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
TRAFTON, JOHN O  
349 S. HENDERSON ROAD  
KING OF PRUSSIA, PA 19406**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
KUNDA, WALTER E  
349 S. HENDERSON ROAD  
KING OF PRUSSIA, PA 19406**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
KUNDA, KEVIN T  
349 S. HENDERSON ROAD  
KING OF PRUSSIA, PA 19406**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
**MGR  
KUNDA, TIMOTHY W  
349 S. HENDERSON ROAD  
KING OF PRUSSIA, PA 19406**

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

000000443034  
03/04/06-80045-004 55.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date **1/17/06**

Daytime Phone # \_\_\_\_\_