


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # M01000001165</b><br>1. Entity Name<br><b>GLOBAL VILLAGE IMPORTS, LLC</b> |  |
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|--|--|
| Principal Place of Business<br><b>349 S. HENDERSON ROAD<br/>KING OF PRUSSIA PA 19406</b> | Mailing Address<br><b>349 S. HENDERSON ROAD<br/>KING OF PRUSSIA PA 19406</b> |
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|   |   |
|---|---|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---|---|

1st MOORE      CR2E083 (10/06)

|                                      |                                      |                                    |  |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State<br><br>Zip      Country | City & State<br><br>Zip      Country | 4. FEI Number<br><b>23-3026761</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--------------------------------------|--------------------------------------|------------------------------------|--|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |
|--|---------------------------------------|

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|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>NATIONAL DISTRIBUTING CO<br/>9423 NORTH MAIN ST<br/>JACKSONVILLE FL 32203</b> | <b>7. Name and Address of New Registered Agent</b><br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b> Zip Code</span> |
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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.

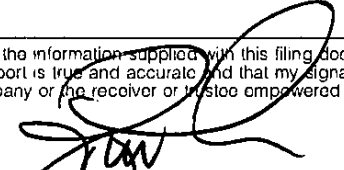
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS |                          | 10. ADDITIONS/CHANGES   |
|------------------------------|--------------------------|---|
| TITLE                        | MGR                      | <input type="checkbox"/> Delete                                   |
| NAME                         | TRAFTON, JOHN O          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               | 349 S. HENDERSON ROAD    |   |
| CITY- ST- ZIP                | KING OF PRUSSIA PA 19406 |   |
| TITLE                        | MGR                      | <input type="checkbox"/> Delete                                   |
| NAME                         | KUNDA, WALTER E          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               | 349 S. HENDERSON ROAD    |   |
| CITY- ST- ZIP                | KING OF PRUSSIA PA 19406 |   |
| TITLE                        | MGR                      | <input type="checkbox"/> Delete                                   |
| NAME                         | KUNDA, KEVIN T           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               | 349 S. HENDERSON ROAD    |   |
| CITY- ST- ZIP                | KING OF PRUSSIA PA 19406 |   |
| TITLE                        | MGR                      | <input type="checkbox"/> Delete                                   |
| NAME                         | KUNDA, TIMOTHY W         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               | 349 S. HENDERSON ROAD    |   |
| CITY- ST- ZIP                | KING OF PRUSSIA PA 19406 |   |
| TITLE                        |                          | <input type="checkbox"/> Delete                                   |
| NAME                         |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               |                          |   |
| CITY- ST- ZIP                |                          |   |
| TITLE                        |                          | <input type="checkbox"/> Delete                                   |
| NAME                         |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS               |                          |   |
| CITY- ST- ZIP                |                          |   |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**  2/26/07 610265-2553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date      Daytime Phone #