2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L08000084254

1. Entity Name
GLOBAL DEVELOPMENT MARK, LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 28 PM 3:33

Principal Place of Business	Mailing Address
701 WATERFORD WAY SUITE 160 MIAMI, FL 33126	701 WATERFORD WAY SUITE 160 MIAMI, FL 33126

04222011 Chg-LLC CR2E083 (11/08)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 26-3940440 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAVILANES, JULIO A 701 WATERFORD WAY SUITE 160 MIAMI, FL 33126	Name: CROSSWORLD PARTNERS & CO., LLC Street Address (P.O. Box Number is Not Acceptable): 701 WATERFORD WAY SUITE 160 City: MIAMI FL Zip Code: 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2011 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GAVILANES, JULIO A 701 WATERFORD WAY, SUITE 160 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JULIO A GAVILANES 2625 COLLINS AVENUE, APT 1709 MIAMI BEACH, FL 33140	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NATHALIA L CHICA 2625 COLLINS AVENUE, APT 1709 MIAMI BEACH, FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600205236966 04/28/11--01005--005 **238.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4/21/11 7862141045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTENTION BRENDA TADLOCK

B Tadlock APR 28 2011