


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000011062</b> 1. Entity Name GLOBAL DEVELOPMENT, LLC	
---	---

Principal Place of Business 2645 NE 207TH ST NORTH MIAMI, FL 33180	Mailing Address 2645 NE 207TH ST NORTH MIAMI, FL 33180
--	--

<b>DO NOT WRITE IN THIS SPACE</b>
-----------------------------------



04042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 46-0493905	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent  SNYDER, JENNIFER S ESQ LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD #501 AVENTURA, FL 33180
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DANIEL SAWICKI REVOCABLE TRUST 2645 NE 207TH ST NORTH MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NORDOON CORP. 2645 NE 207TH ST NORTH MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

U00000709486  
04/25/07-80005-005 50.00

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:** *Daniel Sawicki* DANIEL SAWICKI REV. TRUST 04/16/2007 (305) 692-2232  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #  
DANIEL SAWICKI - TRUSTEE