

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90999 004 ****50.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000011062

1. Entity Name
 GLOBAL DEVELOPMENT, LLC



Principal Place of Business
 C/O JENNIFER SHAW SNYDER, ESQ.
 345 E. COMMERCIAL BLVD.
 FT LAUDERDALE, FL 33334

Mailing Address
 C/O JENNIFER SHAW SNYDER, ESQ.
 345 E. COMMERCIAL BLVD.
 FT LAUDERDALE, FL 33334

2. Principal Place of Business
 2645 NE 207th St,
 Suite, Apt. #, etc.
 #101
 City & State
 Aventura, FL
 Zip
 33180

Country
 USA

3. Mailing Address
 2645 NE 207th Street
 Suite, Apt. #, etc.
 #101
 City & State
 Aventura, FL
 Zip
 33180

Country
 USA



CHECK HERE IF MAKING CHANGES

4. FEI Number
 46-0493905

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 SNYDER, JENNIFER S ESQ
 345 E. COMMERCIAL BLVD.
 FT LAUDERDALE, FL 33334

7. Name and Address of New Registered Agent
 Name
 Jennifer S. Snyder, Esquire
 Street Address (P.O. Box Number is Not Acceptable)
 LEOPOLD, KORN & LEOPOLD, P.A.
 20801 Biscayne Blvd., #501
 City
 Aventura FL Zip Code
 33180

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 *J. Snyder* 3/3/03
Signature of principal or prime manager and not applicable. (NOTE: Registered Agent signature required when signing) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Florida Department of State
 Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANIEL SAWICKI 2645 NE 207th Street, #101 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ADOLFO DANIEL AVAKIAN 2645 NE 207th Street, #101 Aventura, FL 33180 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: *Daniel Sawicki* MGRM *Adolfo Avakian* MGRM 3/11/03 (305) 692-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)