

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017382

FILED  
Jan 05, 2005  
Secretary of State

Entity Name: GLOBAL EXHIBITIONS GROUP LLC

**Current Principal Place of Business:**

4728 SW 74 AVENUE  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

8001 SW 89 PLACE  
MIAMI, FL 33173

**New Mailing Address:**

FEI Number: 01-0735105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAVON, MARTHA R  
315 W. 46TH ST.  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: CASANOVA, CARMEN  
Address: 8233 HARDING AVE #502  
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGR ( ) Delete  
Name: PAVON, MARTHA  
Address: 315 W 46TH ST  
City-St-Zip: HIALEAH, FL 330121

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: CONIL, ANA  
Address: 8001 SW 89TH PLACE  
City-St-Zip: MIAMI, FL 33173

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARTHA PAVON

MGR

01/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date