

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028175

FILED
Apr 27, 2005
Secretary of State

Entity Name: GLOBAL SECURITIES MANAGEMENT, LLC

Current Principal Place of Business:

701 BRICKELL AVE., STE. 2030
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

701 BRICKELL AVE., STE. 2040
MIAMI, FL 33131

New Mailing Address:

FEI Number: 05-0547977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LICHTMAN, JONATHAN J P A.
120 E. PALMETTO PARK ROAD, SUITE 100
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

ALLWYN, JOURDAN
701 BRICKELL AVE
SUITE 2030
MIAMI, FL 33131 US

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: A.J.

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: HERNANDEZ, GUSTAVO
Address: 701 BRICKELL AVENUE SUITE 2040
City-St-Zip: MIAMI, FL 33131

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HERNANDEZ, CESAR G CEO
Address: 701 BRICKELL AVENUE SUITE 2030
City-St-Zip: MIAMI, FL 33131

Title: MGR () Change (X) Addition
Name: DALMOLIN, JUSTIN CFO
Address: 701 BRICKELL AVENUE SUITE 2030
City-St-Zip: MIAMI, FL 33131 US

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: JUSTIN DALMOLIN

MRG

04/27/2005

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