

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034021

FILED
Apr 21, 2009
Secretary of State

Entity Name: GLOBAL DATA RESOURCES, LLC

Current Principal Place of Business:

1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323

New Principal Place of Business:

Current Mailing Address:

1580 SAWGRASS CORPORATE PARKWAY
SUITE 130
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 11-3667532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, F MS
1580 SAWGRASS CORPORATE PARKWAY
SUITE 130, #81
SUNRISE, FL 33323 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/MANAGERS:

Title: D (X) Delete
Name: MCINTYRE, OLIVIA
Address: 1580 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: MGRM () Delete
Name: PERRIN, XAVIER
Address: 1580 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

Title: MGRM () Delete
Name: WHITTAKER, V
Address: 1580 SAWGRASS CORPORATE PARKWAY
City-St-Zip: SUNRISE, FL 33323

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: V WHITTAKER

MGMR

04/21/2009

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