

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014599

FILED
Aug 10, 2005
Secretary of State

Entity Name: GEM GLOBAL MANAGEMENT LLC

Current Principal Place of Business:

P.O. BOX 613091
NORTH MIAMI, FL 33261

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 613091
NORTH MIAMI, FL 33261

New Mailing Address:

FEI Number: 43-2019663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PIEDRAHITA, JUAN
P.O. BOX 613091
NORTH MIAMI, FL 33261 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CASIMIR, SERGE
Address: P.O. BOX 613091
City-St-Zip: NORTH MIAMI, FL 33261

Title: MGR () Delete
Name: BACHOO, STEPHANIE
Address: P.O. BOX 613091
City-St-Zip: NORTH MIAMI, FL 33261

Title: MGR () Delete
Name: PIEDRAHITA, JUAN
Address: P.O. BOX 613091
City-St-Zip: NORTH MIAMI, FL 33261

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 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: JUAN PIEDRAHITA

MGR

08/10/2005

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