2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000039744

1. Entity Name
GLOBAL GROUNDED, LLC



FILED Aug 01, 2006 08:00 Al Secretary of State

Principal Place of Business

2340 N.W. 29TH STREET FORT LAUDERDALE, FL 33311 Mailing Address

2340 N.W. 29TH STREET FORT LAUDERDALE, FL 33311



07052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 77-0611636

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

GRISHAM, CLARENCE J 2340 N.W. 29TH STREET FORT LAUDERDALE, FL 33311

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|---|---|----------------------|---|--|
| | named entity submits this statement for the purpose of cha ions of registered agent. | anging its registere | d office or registered agent, or both, in | the State of Florida. I am familiar with, and accept |
| SIGNATURE_ | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered | | | Agent alignature required when reinstating) | DATE |
| Filing Fee is \$50.00 Due by September 6, 2006 9. MANAGING MEMBERS/MANAGERS | | | | |
| TITLE | MGR | | | |
| NAME | GRISHAM, CLARENCE | | | |
| STREET ADDRESS | 2340 NW 29TH ST | | | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33311 | | | HOOOOG72047 |

NAME
STREET ADDRESS
CITY-ST-ZIP
FORT LAUDERDALE, FL 33311

TITLE
MGR
GRISHAM, HAZEL
STREET ADDRESS
CITY-ST-ZIP
FORT LAUDERDALE, FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

000000573047 08/01/06-80012-007 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

11-06

Daytime Phone #