



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90172 046 \*\*\*138.75

<b>DOCUMENT # L04000026233</b> 1. Entity Name GLOBAL VENTURE MANAGEMENT, L.L.C.					
Principal Place of Business C/O CONTINENTAL REALTY CORPORATION 2255 GLADES ROAD, 223 ATRIUM BOCA RATON, FL 33431			Mailing Address C/O CONTINENTAL REALTY CORPORATION 2255 GLADES ROAD, 223 ATRIUM BOCA RATON, FL 33431		
2. Principal Place of Business No P.O. Box # <b>2255 GLADES ROAD</b>		3. Mailing Address <b>2255 GLADES ROAD</b>			
Suite, Apt. #, etc. <b>SUITE 234 WEST</b>		Suite, Apt. #, etc. <b>SUITE 234 WEST</b>			
City & State <b>BOCA RATON FL</b>		City & State <b>BOCA RATON FL</b>			
Zip <b>33431</b>		Country <b>USA</b>			
4. FEI Number <b>20-2633395</b>		Chg-LLC		CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MOMBACH, GEOFFREY S ESQ.</b> <b>C/O MOMBACH, BOYLE, &amp; HARDIN, P.A.</b> <b>500 EAST BROWARD BLVD., SUITE 1950</b> <b>FT. LAUDERDALE, FL 33394</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORGANEK, EMANUEL 2255 GLADES ROAD, STE 223 A BOCA RATON, FL 33431	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, CJ 504 NE 6TH AVE DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, CJ 504 NE 6TH AVE DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, CJ 504 NE 6TH AVE DEERFIELD BEACH, FL 33441	<input type="checkbox"/> Delete			
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: <u><i>Emmanuel Organeke</i></u> <b>Mgr</b> <span style="float: right;">4/10/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					