2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005
Secretary of State

DOCUMENT# L04000044655

Entity Name: GLOBAL MANAGEMENT CONSULTING, LLC

Current Principal Place of Business:

28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135

New Mailing Address:

FEI Number: 43-2064710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLURE ACCOUNTING, LLC
28000 SPANISH WELLS BOULEVARD
BONITA SPRINGS, FL 34135 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/MEMBERS:

Title: MGR ( ) Delete
Name: BEER, NATHALIE
Address: 28000 SPANISH WELLS BOULEVARD
City-St-Zip: BONITA SPRINGS, FL 34135

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

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

ADDITIONS/CHANGES:

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

Title: MGRM ( ) Change (X) Addition
Name: ROTH, JUERGEN
Address: 28000 SPANISH WELLS BLVD
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM ( ) Change (X) Addition
Name: ROTH, BRITT
Address: 28000 SPANISH WELLS BLVD.
City-St-Zip: BONITA SPRINGS, FL 34135

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: JUERGEN ROTH MGRM 03/08/2005

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