2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000059536

1. Entity Name GSM VENTURES, L.L.C.



FILED Jan 10, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394

Mailing Address

C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394



01082007 No Chg-LLC

CR2E083 (11/05)

Applied For 4. FEI Number **NOT APPLICABLE** Not Applicable \$5.00 Additional

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S ESQ. C/O MOMBACH, BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE, FL 33394

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	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered	d office or registered agent, or both, in the S	ate of Florida. I am familiar with, and accep	ıt
SIGNATURE.					
	Signature, typed or printed name of registered agent and title if applicable		Agent signature required when reinstating)	DATE	
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBERS/MANAGERS				
TITLE	MGR				
NAME	MOMBACH, GEOFFREY S				
STREET ADDRESS	500 EAST BROWARD BLVD #1950	1			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33394				

000000581554 01/10/07-80092-014 50.00

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Date

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

 I hereby certify that the indicated on this report afornation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information is use 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 receiver or trustage improvered to execute this report as required by Chapter 608, Florida Statutes. limited liability compa

ZED REPRESENTATIVE

Daytime Phone #