

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2005 8:00 am
Secretary of State

07-11-2005 90041 027 ****50.00

DOCUMENT # L04000076180	
1. Entity Name GLOBAL TECHNOLOGIES, LLC	

Principal Place of Business 1470 NE 125 TERRACE UNIT 512 NORTH MIAMI BEACH, FL 33161 US	Mailing Address 1470 NE 125 TERRACE UNIT 512 NORTH MIAMI BEACH, FL 33161 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07062005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1800793	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
LEGALZOOM NEVADA, INC. 44 W. FLAGLER ST. SUITE 675 MIAMI, FL 33130	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 <u>Legal Zoom, Inc</u>	DATE

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIS, JUSTIN N 1470 NE 125 TERRACE, UNIT 512 NORTH MIAMI BEACH, FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAXA, BUJAR 1470 NE 125 TERRACE, UNIT 512 NORTH MIAMI BEACH, FL 33161 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify 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 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>Justin Davis</u>	Date: <u>6/16/05</u> Daytime Phone #: <u>9545140666</u>