

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000093189

FILED
Sep 19, 2007
Secretary of State**Entity Name:** GLOBAL INVESTMENT GROUP,LLC.**Current Principal Place of Business:**21102 SW 88 CT
MIAMI, FL 33189**New Principal Place of Business:**25550 SW 142 AVE
PRINCETON, FL 33032**Current Mailing Address:**21102 SW 88 CT
MIAMI, FL 33189**New Mailing Address:**25550 SW 142 AVE
PRINCETON, FL 33032**FEI Number:** 20-2062262**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ORRIOLS, ALEXANDER
21102 SW 88 CT
MIAMI, FL 33189 US**Name and Address of New Registered Agent:**ORRIOLS, ALEXANDER
25550 SW 142 AVE
PRINCETON, FL 33032 US

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: ALEXANDER ORRIOLS

09/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGRM () Delete
Name: ORRIOLS, MARIA F
Address: 21102 SW 88 CT
City-St-Zip: MIAMI, FL 33189Title: MGRM () Delete
Name: ORRIOLS, ALEXANDER
Address: 21102 SW 88 CT
City-St-Zip: MIAMI, FL 33189**ADDITIONS/CHANGES:**Title: MGRM (X) Change () Addition
Name: ORRIOLS, ALEXANDER
Address: 25550 SW 142 AVE
City-St-Zip: PRINCETON, FL 33032Title: MGRM (X) Change () Addition
Name: ORRIOLS, JOE L
Address: 25550 SW 142 AVE
City-St-Zip: PRINCETON, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALEXANDER ORRIOLS

MGRM

09/19/2007

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