

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093189

FILED
Feb 05, 2008
Secretary of State

Entity Name: GLOBAL INVESTMENT GROUP,LLC.

Current Principal Place of Business:

25550 SW 142 AVE
PRINCETON, FL 33032

New Principal Place of Business:

Current Mailing Address:

25550 SW 142 AVE
PRINCETON, FL 33032

New Mailing Address:

21102 SW 88 CT
MIAMI, FL 33189

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
25550 SW 142 AVE
PRINCETON, FL 33032 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/MANAGERS:

Title: MGRM () Delete
Name: ORRIOLS, ALEXANDER
Address: 25550 SW 142 AVE
City-St-Zip: PRINCETON, FL 33032

Title: MGRM () Delete
Name: ORRIOLS, JOE L
Address: 25550 SW 142 AVE
City-St-Zip: PRINCETON, FL 33032

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: MORALES, FERNANDO
Address: 25550 SW 142 AVE
City-St-Zip: PRINCETON, FL 33032

Title: MGRM () Change (X) 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

02/05/2008

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