


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90101 027 ***138.75

DOCUMENT # L05000034905 1. Entity Name GLOBAL COMMUNICATIONS, LLC					
Principal Place of Business 1820 BROOKHAVEN DRIVE SARASOTA, FL 34239 US			Mailing Address 1820 BROOKHAVEN DRIVE SARASOTA, FL 34239 US		
2. Principal Place of Business - No P.O. Box # 401 Interstate Boulevard		3. Mailing Address 401 Interstate Boulevard			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 20-2718268	
Zip 34240		Country sarasota		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEMAN, AMY B 1820 BROOKHAVEN DR SARASOTA, FL 34239		7. Name and Address of New Registered Agent Name <u>Phillip L. Freeman</u> Street Address (P.O. Box Number is Not Acceptable) <u>1820 Brookhaven Drive</u> City <u>Sarasota</u> FL <u>34239</u>			
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>Phillip L. Freeman</u> <u>Phillip L. Freeman, Managing Member</u> <u>2/25/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, AMY 1820 BROOKHAVEN DRIVE SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, PHILLIP L 1820 BROOKHAVEN DRIVE SARASOTA, FL 34239	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - - - -	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Phillip L. Freeman</u> <u>Phillip L. Freeman</u> <u>2/25/08</u> <u>941.556.4150</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #</small>					