

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000115536

FILED
Oct 09, 2007
Secretary of State**Entity Name:** GLOBAL BUSINESS MANAGEMENT LLC**Current Principal Place of Business:**220 MIRACLE MILE
SUITE B218
CORAL GABLES, FL 33134 DA**New Principal Place of Business:****Current Mailing Address:**220 MIRACLE MILE
SUITE B218
CORAL GABLES, FL 33134 DA**New Mailing Address:****FEI Number:** 42-1686097**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GOCSMAN, KATHERINE E
4004 KUMQUAT AVENUE
MIAMI, FL 33133 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: MGR () Delete
Name: GLOBAL FINANCE GROUP, LLC
Address: 536 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134Title: MGR () Delete
Name: GOCSMAN, KATHERINE
Address: 4004 KUMQUAT AVENUE
City-St-Zip: MIAMI, FL 33133Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: MR. () Change (X) Addition
Name: QUINTANA, MANUEL C MGR
Address: 130 HAMPTON LANE
City-St-Zip: KEY BISCAVNE, FL 33149

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: KATHERINE GOCSMAN

MGR

10/09/2007

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