

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

By: Gary Brown;




954 323 0060;

Apr -

03-27-2007 90198 041 \*\*\*\*55.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

3/27/07

DOCUMENT # L06000077191			
1. Entity Name GNB INTERNATIONAL INVESTMENTS, LLC			
Principal Place of Business % GARY N. BROWN, HORDIS 4401 NW 124TH AVENUE CORAL SPRINGS, FL 33065		Mailing Address % GARY N. BROWN, HORDIS 4401 NW 124TH AVENUE CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5332412		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Onfiled		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BSPA CORPORATE SERVICES, INC. 350 EAST LAS OLAS BLVD., SUITE 1000 FT. LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name: Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	
8. The above named entity submits this statement for the purpose of <b>Jeanine Reynolds</b> as its agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <span style="float: right;">4-23-07</span>			
SIGNATURE 		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBER/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Member, Manager Gary N. Brown c/o HORDIS 4401 NW 124th Ave. Coral Springs, FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 606, Florida Statutes.			
SIGNATURE: 		Date: 4-11-07 954-323-0070	

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