2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# L08000080228

Entity Name: NEWEDGE GLOBAL MANAGEMENT LLC

Current Principal Place of Business:

2105 JESSA DR
KISSIMMEE, FL 34743 US

New Principal Place of Business:

5840 S SEMORAN BLVD SUIT C
ORLANDO, FL 32822 US

Current Mailing Address:

PO BOX 450091
KISSIMMEE, FL 34745 US

New Mailing Address:

5840 S SEMORAN BLVD SUIT C
ORLANDO, FL 32822 US

FEI Number: 26-3229646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES, GIOVANNI I
2105 JESSA DR
KISSIMMEE, FL 34743 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: REYES, GIOVANNI I
Address: 2105 JESSA DR
City-St-Zip: KISSIMMEE, FL 34743 US

Title: MGRM ( ) Delete
Name: GUADALUPE, BENJAMIN
Address: 2493 SHELBY CIR
City-St-Zip: KISSIMMEE, FL 34743 US

Title: ( ) 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: MGRM ( ) Change (X) Addition
Name: BENAVIDES, ALEX G
Address: 3998 BLOSSOM DEW DRIVE
City-St-Zip: KISSIMMEE, FL 34746

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: GIOVANNI REYES MGR 03/25/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date