

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095203

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: GLOBAL REAL ESTATE PROFESSIONALS, LLC

**Current Principal Place of Business:**

560 SOUTH ANDREWS AVENUE  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

560 SOUTH ANDREWS AVENUE  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 26-3500921

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYON, JAMES B ESQ  
3300 UNIVERSITY DRIVE  
SUITE 802  
CORAL SPRINGS, FL 33065 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: GODIN, ARTHUR  
Address: 560 S. ANDREWS AVE.  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGR ( ) Delete  
Name: O'BRIEN, DANIEL  
Address: 560 S. ANDREWS AVE.  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGR ( ) Delete  
Name: JOLICOEUR, DANIEL  
Address: 560 S. ANDREWS AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGR ( ) Delete  
Name: TURCOTTE, LISA  
Address: 560 S. ANDREWS AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGR ( ) Delete  
Name: BUISSON, LUC  
Address: 560 S. ANDREWS AVE.  
City-St-Zip: POMPANO BEACH, FL 33069

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

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

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

Title: MGR ( ) Change (X) Addition  
Name: GODIN, RICHARD  
Address: 2021 NW 182 ND TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029

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: DANIEL JOLICOEUR

MGR

04/23/2009

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