

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006282

FILED
Jun 04, 2009
Secretary of State

Entity Name: GLOBAL REAL ESTATE INVESTMENTS, L.C.

Current Principal Place of Business:

18851 NE 29 AVENUE
901
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

18851 NE 29 AVENUE
#901
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 65-0953588 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HALE, GABRIELLA
7891 SW 62 AVENUE
MIAMI, FL 33143 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: HALE, GABRIELLA
Address: 7891 SW 62 AVENUE
City-St-Zip: MIAMI, FL 33143

Title: MGRM () Delete
Name: PENGUIN REAL ESTATE, LLC
Address: 18851 NE 29 AVENUE, #901
City-St-Zip: AVENTURA, FL 33180

Title: MGRM () Delete
Name: RADO, GABOR
Address: 18851 NE 29 AVENUE, #901
City-St-Zip: AVENTURA, FL 33180

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:

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: GABOR RADO

MGRM

06/04/2009

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