

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M06000005359

1. Entity Name
GLOBAL ASSET GROUP LLC



Principal Place of Business
2809 BOSTON STREET #402
BALTIMORE, MD 21224

Mailing Address
2809 BOSTON STREET #402
BALTIMORE, MD 21224



07192007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0535344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIE SALAZAR, LISETTE
260 CRANDON BOULEVARD
SUITE 48
KEY BISCAYNE, FL 33149

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RIGGLE, ANNE
STREET ADDRESS	2809 BOSTON STREET #402
CITY - ST - ZIP	BALTIMORE, MD 21224

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000770608
07/26/07-80005-004 50.00

**DO NOT WRITE
IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-19-07

Date

410-732-0131

Daytime Phone #