

1. ID No.

000155502

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2. Exact name of the limited liability company

Global Eeal Estate Construction, LLC

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

Rhode Island  Sale and development of real estate  City  ABUILLAR AT  City  ABUILLAR  AT  Contact Name  Sovann Mao  Sale and development of real estate  City  ABUILLAR  City  ABUILLAR  Contact PERSON:  Contact Title  Member  City  ABUILLAR  Contact Title  Member	3. State of Formation	A Brief description	on of the character of the bu	stness which is actually conducted in Rhode	Island	
Procedure of the address of Limited Darbelly Company and name of title of contact the source of the contact the co	-	l l				
MAILING ADDRESS OF LIMITED HABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSONS  Contact The  Contact The  Contact The  Contact The  Member  The BOX 40070  TO BOX 40070  THE LIMITED HABILITY COMPANY, IT APPLICABLE DO NOT LIST MEMBERS  RILL IN SPACES BEFORE USING ATTACHMENTS. I'V. BOX FOR ATTACHMENTS  Through Name  Manager Name  Manager Name  Manager Name  Address  Street Address  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). By  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). By  Under penalty of perjuty, I.d.calara and affirm that I have examined that all states contained hope to pursuant does not contained hope to pursuant does n	Data and Allen address				State	02909
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Cop Box 40020  NAME AND ADDRESS OF BACH MANAGER OF THE LIMITED MARKUTY COMPANY, IP APPLICABLE: DO NOT LIST MEMBERS PILE IN SPACES BEFORE USING ATTACHMENTS IN BOX FOR ATTACHMENT   Treet Address  Novel Address  Street Address  Street Address  Street Address  Street Address  Address  Address  Address  Address  Address  Address  Street Address  Addre				Member		
NAME AND ADDRESS OF EACH NANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS  PILE IN SPACES REPORE USING ATTACHMENTS. CX-ROX FOR ATTACHMENT)  Insurager Name    Manager Name   Manager Name	Street Address			City	State	フカ Q 4 O
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Interest Address  Treet Address  Street Addres		SS OF EACH MANA	GER OF THE LIMITE	D LIABILITY COMPANY, IF APPL		IST MEMBERS
Treet Address  Street Address  State  Ztp  Address  A		FILL IN	SPACES BEFORE USI	ng attachments - ("X" box fo	RATTACHMENT) L	
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  FILED  MAR 0 6 2008  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  By  Under penalty of perjury, I, declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all stater contained hepsing to the and correct.  Signature of Authorized Person  File Day  Output  District Name  State  Zip  O2919  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  By  Under penalty of perjury, I, declare and affirm that I have examined this reincluding any accompanying schedules and statements, and that all stater contained hepsing to the and correct.  Signature of Authorized Person  Same	lanager Name	he annihmidenminamidenmi.	2000000	Manager Name		
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S. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name Michael Barboza Address Mar 0 6 2008  This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).  By Under penalty of perjury, I declare and affirm that I have examined this to including any accomplanting schedules and statements, and that all states contained heprin see the and correct.  Signature of Authorized Person Date  Date	11 pt. 1 teaps on					
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