
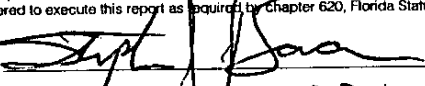


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| ANNUAL REPORT<br>LIMITED<br>PARTNERSHIP<br>REINSTATEMENT  |   |  FLORIDA DEPARTMENT OF STATE<br>Secretary of State<br>DIVISION OF CORPORATIONS |   |
|---|---|---|---|
| DOCUMENT # <b>A 01000001382</b>   |   |   |   |
| 1. Name of Limited Partnership<br><b>GLOBAL MANAGEMENT HOLDINGS<br/>PARTNERSHIP, LTD.</b>   |   |   |   |
| 2. Principal Office Address - No P.O. Box #<br><b>1620 MAIN ST</b>  |   | 3. Mailing Office Address<br><b>P.O. Box 856.</b>   |   |
| Suite, Apt. #, etc.<br><b>SUITE 8</b>   |   | Suite, Apt. #, etc.   |   |
| City & State<br><b>SARASOTA FLA.</b>  |   | City & State<br><b>ANNA MARIA</b>   |   |
| Zip<br><b>34236</b>   | Country<br><b>U.S.A.</b>  | Zip<br><b>FLA.</b>  | Country<br><b>U.S.A.</b>                                    |
| 4. Date Formed or Registered<br>To Do Business in Florida   |   |   |   |
| 5. FEI Number   |   | Applied For<br>Not Applicable   |   |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required<br>for a Certificate of Status   |   |   |   |
| 8. Name and Address of Current Registered Agent   |   | 7. FEES:  |   |
| Name<br><b>GEORGE FANTALIO &amp; ASSO.</b>  |   | Filing Fee(s): \$411.25 for each year due this office.  |   |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>1632 MAIN ST.</b>  |   | Supplemental Fee(s): \$88.75 for each year due this office.   |   |
| Suite, Apt. #, Etc.   |   | Penalty Fee(s): \$500 for each year or part thereof limited<br>partnership revoked on our records.  |   |
| City<br><b>SARASOTA FL</b>  | State<br><b>FL</b>  | Zip Code<br><b>34236.</b>   |   |
| 9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620,<br>Florida Statutes.   |   |   |   |
| SIGNATURE (Registered Agent Accepting Appointment)  |   | DATE  |   |
| (REGISTERED AGENT MUST SIGN)  |   |   |   |
| <b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY<br/>MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>  |   |   |   |
| 10. Name(s) of General Partner(s)   | Address of Each General Partner<br>(Do NOT Use Post Office Box Numbers) | City, State and Zip Code  | 10a. Registration<br>Document Number                        |
| <b>NORTHERN<br/>MANAGEMENT LLC.</b>   | <b>866 HUDSON AVE</b>   | <b>SARASOTA FL 34236</b>  | <b>L080000029730</b>  |
|   |   |   | <b>800129234238</b><br><b>05/14/08--01006--001 **500.00</b> |
| <b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>  |   |   |   |
| 11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of<br>Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated<br>on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or<br>trustee empowered to execute this report as required by Chapter 620, Florida Statutes. |   |   |   |
| SIGNATURE    |   | DATE <b>4/21/08</b>   |   |
| Typed or Printed Name of General Partner Signing Form <b>STEPHEN J. BASEMAN</b>   |   | Telephone Number  |   |