


2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A04000001910**  
1. Entity Name  
GLOBAL SOLUTIONS CONSULTING, LTD.



Principal Place of Business 601 BRYAN STREET JACKSONVILLE, FL 32209 US	Mailing Address 9283 SAN JOSE BLVD. 101 ATTN: DAWN WRIGHT JACKSONVILLE, FL 32257 US
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**DO NOT WRITE IN THIS SPACE**



01292007 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-1919249	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
WRIGHT, DAWN A  
9283 SAN JOSE BLVD.  
101  
JACKSONVILLE, FL 32257

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P04000159452
NAME	GLOBAL SALES & CONSULTING, INC.
STREET ADDRESS	9283 SAN JOSE BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32257
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03/22/07-80046-017 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_