

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

DOCUMENT # A02000000753

1. Entity Name
 OIG GLOBAL PRIVATE EQUITY FUND, LTD.



Principal Place of Business

2700 N MILITARY TRL
 SUITE 150
 BOCA RATON, FL 33431

Mailing Address

2700 N MILITARY TRL
 SUITE 150
 BOCA RATON, FL 33431

2. Principal Place of Business - No P.O. Box #

16074 ROSECROFT TERRACE

Suite, Apt. #, etc.

3. Mailing Address

16074 ROSECROFT TERRACE

Suite, Apt. #, etc.



01022008 Chg-LP CR2E003 (12/06)

City & State

Delray Beach, Florida

City & State

Delray Beach, Florida

4. FEI Number

04-3671505

Applied For

Not Applicable

Zip
 33446

Country
 USA

Zip
 33446

Country
 USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TRISTINO, JOHN R
 16074 ROSECROFT TERRACE
 DELRAY BEACH, FL 33446

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # L02000012955
 NAME ASSET MANAGEMENT GROUP, LLC
 STREET ADDRESS 2700 N MILITARY TRAIL
 CITY-ST-ZIP BOCA RATON, FL 33431

13. ADDRESS CHANGES ONLY

STREET ADDRESS 16074 ROSECROFT TERRACE
 CITY-ST-ZIP Delray Beach, Florida 33446

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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STREET ADDRESS
 CITY-ST-ZIP

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:

John R. Tristino JOHN R. TRISTINO

5/1/08 561 818 5396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE