


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 25 AM 10:58

DOCUMENT # A04000000160 1. Entity Name GLB CARROLLWOOD, LTD.			
Principal Place of Business 5901 SW 74TH STREET SUITE 407 SO. MIAMI, FL 33143 US		Mailing Address 5901 SW 74TH STREET SUITE 407 SO. MIAMI, FL 33143 US	
2. Principal Place of Business <i>12102 N. Kendall Dr.</i> Suite, Apt. #, etc.		3. Mailing Address <i>12102 N. Kendall Dr.</i> Suite, Apt. #, etc.	
City & State <i>Miami, FL</i> Zip <i>33186</i>		City & State <i>Miami, FL</i> Zip <i>33186</i>	
Country <i>DADE</i>		Country <i>DADE</i>	
4. FEI Number <i>20-0693405</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, GARY 5901 SW 74TH STREET SUITE 407 SO. MIAMI, FL 33143		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L00000004141	STREET ADDRESS	
NAME	GB, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	5901 SW 74TH STREET, SUITE 407		
CITY-ST-ZIP	SO. MIAMI, FL 33143		
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CITY-ST-ZIP			
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		7/20/05 - 305-662-8999 <small>Date Daytime Phone #</small>	

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