

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**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



**DO NOT WRITE IN THIS SPACE**

04132006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
20-1019249

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** 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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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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000000514673  
04/29/06-80181-015 500.00

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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 TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #