

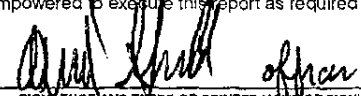


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000001441 1. Entity Name GLOBAL LAL LIMITED PARTNERSHIP							
Principal Place of Business 8028 PLANTATION LAKES DRIVE PORT ST. LUCIE FL 34988			Mailing Address P.O. BOX 880062 PORT ST. LUCIE FL 34988				
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.		 1ST MOORE CR2E003 (10/04)			
City & State		City & State					
Zip Country		Zip Country					
4. FEI Number 65-0948497		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.			
6. Name and Address of Current Registered Agent KATZ, MARTIN V ESQ. 625 N. FLAGLER DRIVE WEST PALM BEACH FL 33401						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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>						9. Capital Contributions as Shown on record. \$200,010.00	
10. Amount of Capital Contributions in FLORIDA to date.							
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 #	NAME		STREET ADDRESS	U00000294799 04/09/05-80001-012 535.00			
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

3/24/05 772-467-1366

Date Daytime Phone #

STAPLE CHECK HERE