

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008914

FILED
Apr 29, 2004
Secretary of State

Entity Name: GLOBAL ENGINEERING LIMITED CO.

Current Principal Place of Business:

1897 PALM BEACH LAKES BLVD., STE. 266
WEST PALM BEACH, FL 33409

New Principal Place of Business:

712 US HIGHWAY ONE
SUITE 210
NORTH PALM BEACH, FL 33408

Current Mailing Address:

1897 PALM BEACH LAKES BLVD., STE. 266
WEST PALM BEACH, FL 33409

New Mailing Address:

712 US HIGHWAY ONE
SUITE 210
NORTH PALM BEACH, FL 33408

FEI Number: 65-1026475

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARNER & ASSOCIATES, CPA, PA
1897 PALM BEACH LAKES BLVD., STE. 266
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

SMYTH & HAUCK, PA
712 US HIGHWAY ONE
SUITE 210
NORTH PALM BEACH, FL 33408 US

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.

SIGNATURE: PAUL F SMYTH

04/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: S () Delete
Name: TOMAZ LOGAR,
Address: 1897 PALM BEACH LAKES BLVD., STE. 266
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PECOVNIK, MATJAZ
Address: 712 US HIGHWAY ONE 210
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MATJAZ PECOVNIK

MGR

04/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date