



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L01000012320</b> 1. Entity Name <b>GLOBAL ASSETS ADVISORS, LLC</b>						<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; margin-bottom: 10px;">2004 MAY -4 A 8: 03</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>300 S ORANGE AVENUE STE 1100 ORLANDO, FL 32801</b>				Mailing Address <b>300 S ORANGE AVENUE STE 1100 ORLANDO, FL 32801</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip					
Country		Country		04262004 Chg-LLC CR2E083 (10/03)		4. FEI Number <b>59-3746852</b>	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name <u>Menashe Frankel</u> Street Address (P.O. Box Number is Not Acceptable) <u>300 South Orange Avenue</u> Suite <u>1100</u> City <u>Orlando</u> FL <u>32801</u>			
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 <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM LAKESIDE ASSETS, LLC 300 S ORANGE AVENUE STE 1100 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR FRANKEL, MENASHE 300 S ORANGE AVENUE STE 1100 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR BOREN, TODD A 300 S ORANGE AVENUE STE 1100 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete			<div style="text-align: center;"> <b>200035403623</b>          05/04/04--01036--014 **75.00       </div>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR WARD, MICHAEL M 300 S ORANGE AVENUE STE 1100 ORLANDO, FL 32801</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 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.							
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>4/23/04</u> (407) <u>254-1502</u> <small>Daytime Phone #</small>			