# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 31, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L01000012320

1. Entity Name
GLOBAL ASSETS ADVISORS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 300 S ORANGE AVENUE<br>STE 1100<br>ORLANDO, FL 32801 | 300 S ORANGE AVENUE<br>STE 1100<br>ORLANDO, FL 32801 |

**DO NOT WRITE IN THIS SPACE**

01062006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3746852

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKEL, MENASHE
300 S. ORANGE AVENUE, SUITE 1100
ORLANDO, FL 32801

**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 (NOTE: Registered Agent signature required when reinstating)

000000143063?
02/09/06-80043-019 50.00

**Filing Fee is $50.00**
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | LAKESIDE ASSETS, LLC |
| STREET ADDRESS | 300 S ORANGE AVENUE STE 1100 |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | MGR |
| NAME | FRANKEL, MENASHE |
| STREET ADDRESS | 300 S ORANGE AVENUE STE 1100 |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | MGR |
| NAME | CUFF, SHERI M |
| STREET ADDRESS | 300 S ORANGE AVENUE STE 1100 |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | MGR |
| NAME | WARD, MICHAEL M |
| STREET ADDRESS | 300 S ORANGE AVENUE STE 1100 |
| CITY-ST-ZIP | ORLANDO, FL 32801 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

11. 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 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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #