


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90059 011 ****50.00

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|---|---|
| DOCUMENT # L01000016025 |  |
| 1. Entity Name GLOBAL ASSET MANAGEMENT ENTERPRISES, LLC | |

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|---|---|
| Principal Place of Business 2611 TECHNOLOGY DRIVE ORLANDO, FL 32804 | Mailing Address PO BOX 608066 ORLANDO, FL 32860 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

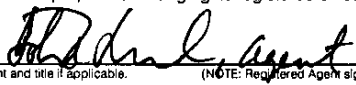
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|---------------------------------|---------------------------------|
| City & State Zip Country | City & State Zip Country |
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03092006 Chg-LLC CR2E083 (11/05)

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|---|--|--|
| 4. FEI Number 32-0000184 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent LONG, DOUGLAS F 1500 LEE ROAD, STE. 200 ORLANDO, FL 32810 | | 7. Name and Address of New Registered Agent Name F&L Corp. Street Address (P.O. Box Number is Not Acceptable) One Independent Drive Suite 1300 City Jacksonville FL Zip Code 32202 |

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 **April 19, 2006**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| Filing Fee is \$50.00 Due by May 1, 2006 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR LONG, DOUGLAS F 2611 TECHNOLOGY DR ORLANDO, FL 32804 <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 |
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| 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 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.

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|--|--|
| SIGNATURE:  | Date 04/18/06 Daytime Phone # 407.578.2000 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | |