FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 004 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021826

1. Entity Name

GLOBEX PROPERTIES, LLC

Principal Place of Business	Mailing Address
3901 NW 77TH AVE MIAMI FL 33166	3073 N.W. 30TH WAY BOCA RATON FL 33431

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
2110 N. Ocean Blvd.		2110 N. Ocean Blvd.	
Suite, Apt. #, etc.: Unit 27-D, Tower II		Suite, Apt. #, etc.: Unit 27-D, Tower II	
City & State: Fort Lauderdale, Florida		City & State: Fort Lauderdale, Florida	
Zip: 33305	Country: USA	Zip: 33305	Country: USA

4. FEI Number 37-1417063 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTELLO, LOUIS R
777 BRICKELL AVENUE, SUITE 1070
MIAMI FL

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DORFMAN, RANDY 3073 N.W. 30TH WAY BOCA RATON FL 33431	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dorfman, Randy 2110 N. Ocean Blvd., Unit 27-D, Tower II Ft. Lauderdale, Florida 33305	[X] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Dorfman, Mary Ellen 2110 N. Ocean Blvd., Unit 27-D, Tower II Ft. Lauderdale, Florida 33305	[ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] 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.

SIGNATURE: Randy Dorfman (signed) Randy Dorfman 4/17/03 (954) 561-3033