

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003882

Entity Name: GLOBAL IMPORTS, LLC

FILED
Jan 16, 2004
Secretary of State

Current Principal Place of Business:

131 B SPRINGWOOD CIRCLE
LONGWOOD, FL 32750

New Principal Place of Business:

1015 REGAL POINTE TERRACE
109
LAKE MARY, FL 32746

Current Mailing Address:

131 B SPRINGWOOD CIRCLE
LONGWOOD, FL 32750

New Mailing Address:

1015 REGAL POINTE TERRACE
109
LAKE MARY, FL 32746

FEI Number: 02-0581883

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIN, TARA M
131 B SPRINGWOOD CIRCLE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

CAIN, TARA M
1015 REGAL POINTE TERRACE
109
LAKE MARY, FL 32746 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:

01/16/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CAIN, TARA M
Address: 131 B SPRINGWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32750

Title: MEM (X) Delete
Name: KERR, STEVEN H
Address: 131 B SPRINGWOOD CIRCLE
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CAIN, TARA M
Address: 1015 REGAL POINTE TERRACE
City-St-Zip: LAKE MARY, FL 32746

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TARA M. CAIN

MGR

01/16/2004

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