

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90290 012 ****55.00

DOCUMENT # L02000010732

1. Entity Name
GLOBAL PROPERTY GROUP, LLC



Principal Place of Business
1101 BRICKELL AVE
1401
MIAMI, FL 33134

Mailing Address
2199 PONCE DE LEON BLVD
301
CORAL GABLES, FL 33134



04062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3689323

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLAUSSEN, KENNETH F
2199 PONCE DE LEON BLVD.
SUITE 301
CORAL GABLES, FL 33134

**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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SACAPPA, JOHN R <i>Judson D. LaCapra</i>
STREET ADDRESS	1526 BREAKWATER TERRACE
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	MGRM
NAME	SOSA, JUAN I
STREET ADDRESS	1101 BRICKELL AVE., SUITE 1401
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Judson D. LaCapra

Judson D. LaCapra

6/9/04

305-772-8555