LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 23, 2003 8:00 am Secretary of State

DOCUMENT # L02000010732 1. Entity Name				04-23-2003 90307 014 ****50.00			
Globa	al Property Group, L.L.0	C. 17					
	DO NOT WRITE	IN THIS SP	AC	E			
Principal Place of Business 1101 Brickell Ave		3. Mailing Address 2199 Ponce de Leon Blvd					
Suite, Apt. #, etc. 1401		Suite, Apt. #, etc. 301			DO NOT WRITE IN THIS SPACE		
City & State Miami, FL		City & State Coral Gables, FL			4. FEI Number 04-3689323 Applied For Not Applied between Not Applied For Not Applicable	,	
^{Zip} 33134	Country	^{Zip} 33134	Countr	У	5. Certificate of Status Desired Space \$5.00 Additional Fee Required]	
e e e e e e e e e e e e e e e e e e e			F	Name 🗸	7. Name and Address of Current Registered Agent	7	
DO NOT WRITE IN THIS SPACE			- 1	Name Kenneth F. Claussen Street Address (P.O. Box Number is Not Acceptable)			
			.			4	
e e e e e e e e e e e e e e e e e e e				2199 Ponce de Leon Blvd, Suite 301			
			<u> </u>	City Coral Gables FL Zip Code 33134			
the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered	d office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent	TO A STORY CASE COLOR STORY WAS A STORY	anderenia:	:::Elganonasa	DATE DIMENSIONAL DESCRIPTION OF THE PROPERTY O	4	
		F. Make Check Payable	EE IS S e to Flo	Andrew or the Contract of the	artment of State		
			UE BY	STORY SERVICE THE SERVICE OF			
9.	MANAGING MEMBE	RS/MANAGERS	TITLE			٦٢	
TITLE NAME	Managing Member John R. LaCapra					12/0	
STREET ADDRESS CITY-ST-ZIP	DRESS 1526 Breakwater Terrace, Hollywood, FL		STREET CITY-S	T ADDRESS		838	
TITLE	33019 Managing Member	· · · · · · · · · · · · · · · · · · ·	TITLE		<u>i iring ng tanggangan ang tanggangan ang ang ang ang ang ang ang an</u>	님	
STREET ADDRESS CITY-ST-ZIP Juan I. Sosa 1101 Brickell Ave, Suite 1401, Miami, FL 33131			NAME STREET	T ADDRESS		5	
			CITY-S	911111		_	
TITLE . NAME			TITLE NAME				
STREET ADDRESS		. ***	STREET	T ADDRESS	DO NOT WRITE		
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , ,		CITY-S TITLE	S1-21P		-	
NAME			NAME		IN THIS SPACE		
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	T ADDRESS ST-ZIP	Management of the second of th		
TITLE			TITLE			1	
NAME STREET ADDRESS			NAME STREET	TADDRESS	**:		
CITY-ST-ZIP	-		CITY-S	3.7 3.3 3 3 4 4 4 4			
TITLE NAME			TITLE				
STREET ADDRESS			STREET	T ADDRESS			
CITY-ST-ZIP	pertify that the information available with	this filing does not qualify to:	CITY-S	11,311,11,11	d in Section 119 07(3Vi) Florida Statute Liturbay codiffy that the information	-	
· · · · nereby (cruiy arat trie imormation supplied with	rans many coes not quality for t	me exem	Phon states	d in Section 119.07(3)(i), Florida Statutes, I further certify that the information	1	

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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE!

Authorized Representativ

4/2/03

305-372-0289

Date

Daytime Phone #