


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90003 023 \*\*\*155.00

<b>DOCUMENT # L02000028341</b>					
<b>1. Entity Name</b> GLOBAL SECURITIES HOLDINGS, LLC					
<b>Principal Place of Business</b> 701 BRICKELL AVE STE. 3000 MIAMI, FL 33131			<b>Mailing Address</b> 701 BRICKELL AVE STE. 3000 MIAMI, FL 33131		
<b>2. Principal Place of Business</b> 701 Brickell Ave		<b>3. Mailing Address</b>		04302004    Chg-LLC    CR2E083 (10/03)	
Suite, Apt. #, etc. 2030		Suite, Apt. #, etc.		<b>4. FEI Number</b> 13-4226483	
City & State MIAMI, FLORIDA		City & State		Applied For Not Applicable	
Zip 33131		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE. 3000 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name: <u>ALLWYN JOURDAN</u> Street Address (P.O. Box Number is Not Acceptable): <u>701 Brickell Ave</u> <u>Ste 2030</u> City: <u>MIAMI, FL</u> Zip Code: <u>33131</u>		
<b>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.</b> SIGNATURE: <u>ALLWYN JOURDAN</u> <u>4/30/04</u> DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: MGR NAME: HERNANDEZ, CESAR STREET ADDRESS: 701 BRICKELL AVENUE CITY-ST-ZIP: MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</b> Date: _____    Daytime Phone #: _____					