2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2006 8:00 am Secretary of State

☐ Change

☐ Addition

DOCUMENT # L03000036516 1. Entity Name GLOBAL PARTNERS, LLC							04-24-2006	5 90039 04	1 ****5(0.00	
Principal Plac 4003 SAND TAMPA, FL	PALM CT	3	Mailing Address 4003 SAND PALM CT TAMPA, FL 33624	1 2 32 32			2003	4584			
2. Principal P	2 FOR	ESTER LAN	3. Mailing Address 4222 FOR Suite, Apt. #, etc.	ESTER	LANE						
			<u> </u>			04172006	Chg-LLC	CR2E08	3 (11/05)		
TAMPA FL		TAMPA FL		'	 FEI Number 59-3757 				oplied For ot Applicable		
3361		Country S	33618	Country			of Status Desired		5.00 Add		
	6. Name	and Address of Currer	nt Registered Agent			. Name and	Address of New				
PEREZ, CRISTINO L 4003 SAND PALM CT TAMPA, FL 33624					Street Address (P.O. Box Number is Not Acceptable)						
					4222 FORESTER LANE						
					Tam PA FI Zip Code						
8. The above	named entity	y submits this statement	for the purpose of changing its r	registered office c	r registered	agent, or both	, in the State of F	lorida. I am fa	miliar with.	and accept	
the obligat	tions of regist	ered agent.			_		•		1		
SIGNATURE .	Signature typed	MALLIDE	XONL CON	~~/ ~ 1 A				4//0	としいと		
		10.	YWOZ CKI	TINO (- PE	72EZ		7/10	100	·	
	Signature Typed	or printed name of registered age	nt and title if applicable. (NOTE:	Registered Agent signa	PE PE	72.EZ en reinstating)		DATE	706		
Fi			nt and title if applicately. (NOTE:	Registered Agent signa	PE PE	TZEZ en reinstating)	Ma	DATE	vable to		
Fi D	iling Fee i	s \$50.00	ny and title if applicable. (NOTE:	Registered Agent signa	PE PE	TEEZ on reinstating)		DATE ske check pa		9	
Fi D	iling Fee i	s \$50.00 y 1, 2006	nuand title if applicately. (NOTE:	Registered Agent signa	PE- ure required whi	reinstating)	Florid	da Departme		9	
D	iling Fee i	s \$50.00	nuand title if applicately. (NOTE:	Registered Agent signs 10. Title	Live required whi	PREZ	Florid		nt of State		
9. TITLE NAME	MGR PEREZ, C	AS \$50.00 Y 1, 2006 MANAGING MEME	named uite if applicately (NOTE:	Registered Agent signs		on reinstating)	ADDITIONS	da Departme		e Addition	
9. TITLE NAME STREET ADDRESS	MGR PEREZ, C	MANAGING MEME CRISTINO L MGR ID PALM CT	named uite if applicately (NOTE:	10. TITLE NAME STREET ADDRESS		n reinstating)	ADDITIONS	da Departme	nt of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, C	MANAGING MEME CRISTINO L MGR ID PALM CT	BERS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP		Z FOR	Florid	da Departme S/CHANGES LANE 36/8	Change	☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: MINITURE L BUNG CRISTING L PEREZ 4/18/06
SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Da

☐ Delete

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP