

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009458

Entity Name: THE GLOBIS GROUP, LLC

FILED
Feb 11, 2005
Secretary of State

Current Principal Place of Business:

611 NORTH MASHTA DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

501 BRICKELL BAY DRIVE
SUITE 500
MIAMI, FL 33131

Current Mailing Address:

611 NORTH MASHTA DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

501 BRICKELL BAY DRIVE
SUITE 500
MIAMI, FL 33131

FEI Number: 20-1332149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., SUITE 125
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ARBOLEDA, RODRIGO
Address: 611 NORTH MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARBOLEDA, RODRIGO
Address: 501 BRICKELL BAY DRIVE, SUITE 500
City-St-Zip: MIAMI, FL 33131

Title: MGR () Change (X) Addition
Name: ROCHA, MANUEL V
Address: 501 BRICKELL BAY DRIVE, SUITE 500
City-St-Zip: MIAMI, FL 33131

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: RODRIGO ARBOLEDA

MGR

02/11/2005

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