


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 06, 2006 8:00 am**  
**Secretary of State**

06-06-2006 90059 005 \*\*\*\*55.00

<b>DOCUMENT # L04000038654</b> 1. Entity Name <b>GLOBAL FINANCIAL NETWORK, LLC</b>					
Principal Place of Business <b>12230 FOREST HILL BLVD</b> <b>1102 Z</b> <b>WEST PALM BEACH, FL 33414</b>			Mailing Address <b>12230 FOREST HILL BLVD</b> <b>1102 Z</b> <b>WEST PALM BEACH, FL 33414</b>		
2. Principal Place of Business <b>12230 FOREST HILL BLVD</b> Suite, Apt. #, etc. <b>1102</b>		3. Mailing Address <b>12230 FOREST HILL BLVD</b> Suite, Apt. #, etc. <b>1102</b>			
City & State <b>WELLINGTON FL</b>		City & State <b>WELLINGTON FL</b>		4. FEI Number <b>65-1225104</b>	
Zip <b>33414</b>		Country <b>P.B.C</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARDNER, ELIZABETH ESQ</b> <b>230 ROYAL PALM BEACH BLVD</b> <b>ROYAL PALM BEACH, FL 33411</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>GLOBAL FINANCIAL NETWORK, LLC</b> <b>12230 FOREST HILL BLVD, STE 1102</b> <b>WELLINGTON, FL 33414</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 606, Florida Statutes.					
<b>SIGNATURE: (X) <u>Alison M. Summer</u> JUNE 1ST 2006 561-371-3627</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT  
GLOBAL FINANCIAL NETWORK LLC

Alicia M. Summers  
Financial Consultant

20047080  
LO4000038654

Lake Wellington Professional Centre  
12230 Forest Hill Blvd., Suite 110Z  
Wellington, Florida 33414  
Tel: 561.227.1584  
Fax: 561.227.1510

Florida Department of State  
Division of Corporations

att: Tina D Corten  
OPS

June first 2006

Thank you for explaining the real issue to me.

Enclosed one: Original letter

2006 Limited Liability Company  
Annual Report Document  
Signed & filled out

One Correction please

Suite # 110Z not 2  
Z like Zebra.

And I am requesting s-certification  
of status for an additional \$5<sup>00</sup>/<sub>xx</sub>.

Thank you

Sincerely

Alicia M. Summers