
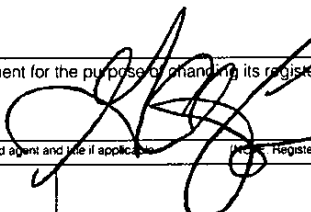
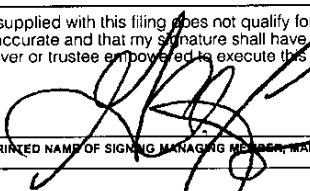


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90079 024 \*\*\*\*50.00

<b>DOCUMENT # L04000042570</b>					
<b>1. Entity Name</b> GLOBAL FINANCIAL PRIVATE CAPITAL, LLC					
<b>Principal Place of Business</b> 2080 RINGLING BLVD., SECOND FLOOR SARASOTA, FL 34237			<b>Mailing Address</b> 2080 RINGLING BLVD., SECOND FLOOR SARASOTA, FL 34237		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		<b>4. FEI Number</b> 20-1216032	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> GARBADE, JOSEPH L 2080 RINGLING BLVD., SECOND FLOOR SARASOTA, FL 34237				<b>7. Name and Address of New Registered Agent</b> Name: <b>GEOFFREY FRAZIER</b> Street Address (P.O. Box Number is Not Acceptable): <b>2080 RINGLING BLVD - Second Floor</b> City: <b>SARASOTA</b> FL Zip Code: <b>34237</b>	
<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:  <b>Geoffrey Frazier, Owner</b> <b>4-27-06</b> <small>Signature, typed or printed name of registered agent and date if applicable. (Not a Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRAZIER, GEOFFREY A PRES 2080 RINGLING BLVD., SECOND FLOOR SARASOTA, FL 34237	<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	MGRM DIXON, MICHAEL J CEO 2080 RINGLING BLVD., FIRST FLOOR SARASOTA, FL 34237	<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	MGRM BERTELSEN, CHIRSTIAN C SEN POR 2080 RINGLING BLVD., SECOND FLOOR SARASOTA, FL 34237	<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	MGRM BERTELSEN, EDWARD C CIO 2080 RINGLING BLVD., SECOND FLOOR SARASOTA, FL 34237	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>  <b>Geoffrey Frazier</b> <b>4-27-06</b> <b>941-918-8266</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

**20041488**



04262006 Chg-LLC CR2E083 (11/05)

**\$5.00** Additional Fee Required