


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90041 013 \*\*\*\*50.00

<b>DOCUMENT # L04000051057</b> 1. Entity Name <b>GLOBAL PARTNERS ENTERPRISES, LLC</b>					
Principal Place of Business <b>5860 PINETREE DRIVE MIAMI BEACH, FL 33110</b>			Mailing Address <b>5860 PINETREE DRIVE MIAMI BEACH, FL 33110</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02232005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number <b>20-1354660</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GARCIA, CARLOS 5860 PINETREE DRIVE MIAMI BEACH, FL 33110</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GARCIA, CARLOS 5860 PINETREE DRIVE MIAMI BEACH, FL 33110</b>	<input type="checkbox"/> Delete			
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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>SIGNATURE:</b> _____ <span style="float: right;"><b>2/15/05</b></span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					