


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 05, 2008 8:00 am**  
**Secretary of State**

08-05-2008 90022 024 \*\*\*138.75

<b>DOCUMENT # L04000051057</b>					
<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> PO BOX 402566 MIAMI BEACH, FL 33140		
<b>2. Principal Place of Business - No P.O. Box #</b> 1378 Coral Way		<b>3. Mailing Address</b> PO BOX 402566			
Suite, Apt. #, etc. 2nd Floor		Suite, Apt. #, etc. #			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> MIAMI Beach FL		<b>4. FEI Number</b> 20-1354660	
<b>Zip</b> 33145		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>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</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> GARCIA, CARLOS <b>STREET ADDRESS</b> 5860 PINETREE DRIVE <b>CITY-ST-ZIP</b> MIAMI BEACH, FL 33110	<input type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> CARLOS GARCIA <b>STREET ADDRESS</b> P.O. Box 402566 <b>CITY-ST-ZIP</b> MIAMI BEACH FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> 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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>				<small>Daytime Phone #</small>	

60046323



06132008 Chg-LLC CR2E083 (12/06)