2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 10, 2005 8:00 am
Secretary of State
05-03-2005 90014 007 ****50.00

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DOCUMENT # L04000054533

1. Entity Name
GLOBAL PARTNERS, LLC

Principal Place of Business	Mailing Address
3795 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142	3795 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03302005 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3796059 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, JUAN F 3795 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142	Name: PEDRO LUIS LOPEZ Street Address (P.O. Box Number is Not Acceptable): 1521 S.W. Le Jeune Road City: Coral Gables FL Zip Code: 33134

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 [signature] MGR 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LOPEZ, JUAN F 3795 N.W. SOUTH RIVER DRIVE MIAMI, FL 33142	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PEDRO LUIS LOPEZ 1521 S.W. Le Jeune Road Coral Gables, FL. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: [signature] MGR 4/29/05 786 443 7856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #