2008 LIMITED LIABILITY COMPANY

Apr 28, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L04000067252 04-28-2008 90053 042 ***138.75 GLOBAL PROPERTIES, LLC. Principal Place of Business Mailing Address UUUUUUUU3113 MOSSVALE LN 3113 MOSSVALE LN TAMPA, FL 33618 TAMPA, FL 33618 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 20-1616208 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VIJAPURA, MINAXI A Street Address (P.O. Box Number is Not Acceptable) 3113 MOSSVALE LN TAMPA, FL 33618 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE 18 \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME VIJAPURA, MINAXI A NAME STREET ADDRESS 3113 MOSSVALE LN STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33618** CITY-ST-7IP MGRM TITLE Delete TITLE ☐ Change ☐ Addition NAME VIJAPURA, CHIRAG A 3113 MOSSVALE LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33618** CITY-ST-7IP TITLE MGRM Delete TITLE ☐ Change ☐ Addition VIJAPURA, CHARMI A NAME NAME STREET ADDRESS 3113 MOSSVALE LN STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP TITLE MGRM ☐ Delete ☐ Channe ☐ Addition VIJAPURA, ASHIT K NAME NAME STREET ADDRESS 3113 MOSSVALE LN STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33618 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

ED OF BRINZED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE