
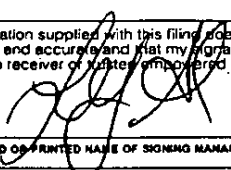


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/2

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-03-2006 90031 033 ****50.00

DOCUMENT # L05000028217 1. Entity Name GLOBUS HOLDING, LLC					
Principal Place of Business 2255 GLADES ROAD, SUITE 125A BOCA RATON, FL 33431			Mailing Address 2255 GLADES ROAD, SUITE 125A BOCA RATON, FL 33431		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PRATT, DAVID ESQ 2255 GLADES ROAD, SUITE 125A BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL 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 re-registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2008				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLOBUS, LINDA J		NAME		
STREET ADDRESS	2255 GLADES ROAD, SUITE 125A		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: 			4-28-06		305-664-3662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #

30010174



01112006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2537842** Applied For ☐ Not Applicable ☐

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

PROSKAUER ROSE LLP

ATTACHMENT

3001017-2

#LC5000028217

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June 8, 2006

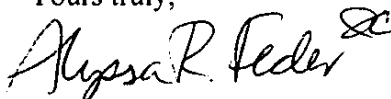
Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Globus Holding, LLC

Dear Sir/Madam:

Pursuant to your letter of May 15, 2006 (copy attached for your convenience), enclosed please find the 2006 Limited Liability Company Annual Report for the above referenced entity which properly reflects the Federal Employer Identification Number in Block 4.

Yours truly,



Alyssa R. Feder
ARF/ic
Encls.

cc: Linda Globus (w/enclosures)