



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90299 023 ****55.00

DOCUMENT # L05000084461 1. Entity Name GLOBALTICO, LLC					
Principal Place of Business 7632 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201			Mailing Address 7632 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201		
2. Principal Place of Business 4260 GULF Shore Blvd N		3. Mailing Address 4260 GULF Shore Blvd North			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		04022006 Chg-LLC CR2E083 (11/05)	
City & State Naples, FL		City & State Naples, FL -		4. FEI Number 51-0552499	
Zip 34103		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 34103		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ARCE, LUIS A 7632 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201			7. Name and Address of New Registered Agent Name ARCE, Luis A. Street Address (P.O. Box Number is Not Acceptable) 4260 GULF Shore Blvd N City Naples FL Zip Code 34103		
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 <u><i>Luis A. Arce</i></u> Luis A. ARCE, MANAGER April 3, 2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCE, LUIS A 7632 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POINTER, HEATHER J 7681 PLANTATION CIRCLE UNIVERSITY PARK, FL 34201	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Luis A. Arce</i></u> Luis A. ARCE MGRM April 3, 2006 (239) 261-2661 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					