

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073155

FILED
Apr 30, 2008
Secretary of State

Entity Name: GLOBAL POLICY PARTNERS, LLC

Current Principal Place of Business:

ONE TAMPA CITY CENTER, SUITE 1825
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

ONE TAMPA CITY CENTER, SUITE 1825
TAMPA, FL 33602

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RUSSELL, DAWN
3604 S. MACDILL AVENUE, #205
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

CLARKE, PHILIP K ESQ
1505 N FLORIDA AVE
TAMPA, FL 33602 US

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.

SIGNATURE: PHILIP K CLARKE

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YESSIN, BRENT W
Address: ONE TAMPA CITY CENTER, SUITE 1825
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Delete
Name: FRIESS, KATHERINE
Address: 1616 N. RHODES STREET
City-St-Zip: ARLINGTON, VA 22209

Title: MGR (X) Delete
Name: WEISS, JEFFERY
Address: ONE TAMPA CITY CENTER, SUITE 1825
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRENT W. YESSIN

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date