## FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

7.11	1997		Secretary of ON OF CORF		199	7 APR 25	PH 2:	00	
	ING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATI					SECRETARY OF STATE TALLAHASSEE. FLORIDA			
1 Name and Mailing Address of Limited Liability Company DOCUMENT #195000000782									
GLOBAL INVESTMENT ENTERPRISES, L. C. 100 S.E. 2ND STREET 28TH FLOOR MIAMI FL 33131					1a. Principal Place of Business Address  100 S.E. 2ND STREET  28TH FLOOR  MIAMI FL 33131				
If above mailing address is incorrect in any way, line through incorrect  2 Principal Place of Business 2a. Maili				rection in Block 2a.	3. Date Organize			of Formation	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.	suite, Apt. #, etc.			1.0/16/1995 FL 4. FEI Number Applied For Applied For			
City & State		City & State			PPLIED FOR Not Applicable  5. Date of Last Report 6. Certificate of Status Desired				
Zip	Country	Zip	Count	ry	05/01/19	•		thous Fee Required	
	7. Name and Address of Current F	legistered Agent			8. Name and Add	iress of New Re	gistered A	igent	
9. Pursuan	FTJ 33131  Int to the provisions of Sections 608.416 at adoffice or registered agent, or both, in the ed agent, and accept the obligations.	nd 608.508, Florida State of Florida. Suc	Statutes, the a h change was a	Sulte, Apt. #, et  City  bove-named limits authorized by affirm	d liability company s	FL submits this state ty of the member	Zip Code	ne purpose of changing	
SIGNATURE					DATE				
10. Title	Managing Members/Managers	<del></del>	Business Street Address			City, State and Zip Code			
MEM S	EACK, STEPHEN N BURANA, PAMIT DHAKAD, PADAM		REET, 28TH NIAMI FL REET, 28TH NIAMI FL ANE CHARLOTTE NC						
					70	0002 -04/29 ****2	158 /97( 03.75	16774 01087007 ****203.75	
11 Idoher	eby certify that the information supplied wit	h this filing does not o	qualify for the ex	cemption stated in t	Section 119.07(3) (i),	Florida Statutes.	I further ce	rtify that the information	

indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER