

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000678

**FILED**  
**Mar 02, 2006**  
**Secretary of State**

**Entity Name:** GLOBAL ENTERTAINMENT INSURANCE, L.C.

**Current Principal Place of Business:**

201 ALHAMBRA CIRCLE  
600  
CORAL GABLES, FL 33134

**Current Mailing Address:**

P.O. BOX 141916  
CORAL GABLES, FL 33114

**New Principal Place of Business:**

201 ALHAMBRA CIRCLE  
1000  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0675214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAC EWAN, BARRY W  
4275 LENNOX DRIVE  
COCONUT GROVE, FL 33133      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAC EWAN, BARRY W  
Address: 201 ALHAMBRA CIRCLE SUITE 600  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARRY W. MACEWAN      PRES      03/02/2006

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