


LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILED JUL 27 PM 2:02 wlc 7/28			
FILING FEE \$588.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company GLOBE DOOR, L.L.C. 1271 REGENCY PLACE HEATHROW FL 32746		DOCUMENT # L98000000034	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Organized or Qualified 01/09/1998		3a. State of Formation FL	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent ASKEW, TIMOTHY R JR. 230 NORTH PARK AVENUE SANFORD FL 32771		8. Name and Address of New Registered Agent/Office Name NORMAN N. VAN WORMER Street Address (P.O. Box Number is Not Acceptable) 1271 REGENCY PLACE Suite, Apt. #, etc. City HEATHROW, FL Zip Code 32746	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE <i>Norman Van Wormer</i> DATE 7-20-99 (Registered Agent Signature) (Notary Signature required when translating)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	VAN WORMER, NORMAN N	1271 REGENCY PLACE	HEATHROW FL

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11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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: *Norman Van Wormer* 7-20-99 (517) 846-9591