## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 28, 2004 08:00 AM Secretary of State **DOCUMENT # L99000003318** 1. Entity Name GLOBAL BUSINESS INITIATIVES, LLC Principal Place of Business Mailing Address 7910 SEQUOIA LANE 7910 SEQUOIA LANE PARKLAND, FL 33067 PARKLAND, FL 33067 02262004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0950632 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HATIE, HAAS A ESQ DO NOT WRITE SUITE 700, TRADE CENTER SOUTH 100 WEST CYPRESS CREEK ROAD IN THIS SPACE FORT LAUDERDALE, FL 33309 A STATE OF THE PARTY OF THE PAR 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGR TITI F CHILD, RICHARD N NAME 7010 SEQUOIA LN. U00000071455 STREET ADDRESS CITY-ST-ZIP PARKLAND, FL 33067 03/01/04-80071-022 50.00 NAME STREET ADDRESS CITY-ST-ZIP \* 2 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

11. I 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 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

- RICHARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

954-344-1663

Daytime Phone #

FILED