

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90049 048 ****50.00

DOCUMENT # L99000006928

1. Entity Name

GLOBAL INVESTMENT PARTNERS, L.L.C.



Principal Place of Business

**8161 MIDDLE FORK WAY
JACKSONVILLE FL 32257**

Mailing Address

**8161 MIDDLE FORK WAY
JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FOR, JETER, BOWLUS & DUSS, P.A.
10110 SAN JOSE BLVD
JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
M.F. SAYEED,
8161 MIDDLE FORK WAY
JACKSONVILLE FL 32256**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PIETER BOTH,
8272 WALLINGFORD HILLS LANE
JACKSONVILLE FL 32256**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE REQUIRED

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

8. 1. 2003

Date

904.645.3300

Daytime Phone #

CR2E083 (4/03)

0007964