

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90046 046 \*\*\*\*\*50.00

**DOCUMENT # M02000000555**

1. Entity Name

**SAMEX CAPITAL PARTNERS, LLC**



Principal Place of Business

417 12TH STREET, STE. 213  
BRADENTON FL 34205

Mailing Address

417 12TH STREET, STE. 213  
BRADENTON FL 34205

2. Principal Place of Business

**2 N. Tamiami Trail**

Suite, Apt. #, etc.

**Ste 1200**

City & State

**Sarasota FL**

Zip

**34236**

Country

**USA**

3. Mailing Address

**2 N. Tamiami Trail**

Suite, Apt. #, etc.

**Ste 1200**

City & State

**Sarasota FL**

Zip

**34236**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

**13-4071731**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

**Robert Joseph Beasley**

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

**2 N. Tamiami Trail**

**Ste 1200**

City

**Sarasota FL**

FL

Zip Code

**34236**

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

**Robert Joseph Beasley**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-30-03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **LONGBOAT GLOBAL FUNDS MANAGEMENT, LLC**  
STREET ADDRESS **417 12TH STREET, STE. 213**  
CITY-ST-ZIP **BRADENTON FL 34205**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Longboat Global Fund Mgmt. LLC**  
STREET ADDRESS **2 N. Tamiami Trail Ste. 1200**  
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Robert Joseph Beasley**

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

**4/30/03**

Date

**941-361-2184**

Daytime Phone #

CR2E083 (10/02)