

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005072

FILED
Apr 09, 2010
Secretary of State

Entity Name: GLOBAL GP LLC

Current Principal Place of Business:

800 SOUTH STREET, SUITE 200
WALTHAM, MA 02454

New Principal Place of Business:

800 SOUTH STREET, SUITE 200
WALTHAM, MA 02453

Current Mailing Address:

800 SOUTH STREET, SUITE 200
WALTHAM, MA 02454

New Mailing Address:

800 SOUTH STREET, SUITE 200
WALTHAM, MA 02453

FEI Number: 14-1924242

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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
Name: SLIFKA, ALFRED
Address: 800 SOUTH STREET, SUITE 200
City-St-Zip: WALTHAM, MA 02453

Title: MGRM
Name: SLIFKA, RICHARD
Address: 800 SOUTH STREET, SUITE 200
City-St-Zip: WALTHAM, MA 02453

Title: MGRM
Name: AS MONTELLO IRREVOCABLE TRUST
Address: 800 SOUTH STREET, SUITE 200
City-St-Zip: WALTHAM, MA 02453

Title: MGRM
Name: RS MONTELLO IRREVOCABLE TRUST
Address: 800 SOUTH STREET, SUITE 200
City-St-Zip: WALTHAM, MA 02453

Title: MGRM
Name: LAREA HOLDINGS LLC
Address: 800 SOUTH STREET, SUITE 200
City-St-Zip: WALTHAM, MA 02453

Title: MGRM
Name: LAREA HOLDINGS II LLC
Address: 800 SOUTH STREET, SUITE 200
City-St-Zip: WALTHAM, MA 02453

I hereby 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: EDWARD J. FANEUIL

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04/09/2010

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