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

FILED May 13, 2002 8:00 am Secretary of State

DOCL 1. Entity Na	JMENT# M9900000	05-13-2002 90144 047 ****50.00							
GLOBA	AL INVESTMENT HOL	DINGS, LLC							
	DO NOT WRITE		·	. -					
Principal Place of Business 3. Mailing Address					960851				
1221 Brickell Avenue 1221 Brcj Suite Apt. # etc. Suite 900 Suite 900			kell Avenue		DO NOT WRITE IN THIS SPACE				
37		City & State Miami, FL	5		4. FEI Number 65 – 0908	165	Applied For Not Applicable		
^{Ζίρ} 33131	Country US	Zip 33131	Coun	*	5. Certificate of Status Desired	┌ \$5.0	00 Additional Required		
		PROPERTY SECT	trapial s		7. Name and Address of Current				
	DO NOT W				porate Creations				
6 500 mm / / / / / / / / / / / / / / / / /	IN THIS SP			Street Address (F	P.O. Box Number is Not Acceptable	e)			
Andrew State of the Control of the C				941	Fourth Street,	#200			
rafij		rent Establishe		Ciba	i. Pù		ig Code 3139		
=8.≃The:above	named entity submits this statement for	the purpose of changing its	registere	d office or registere	ed agent, or both, in the State of Flo	rida.			
SIGNATURE .	Cionata de La Calanda de Calanda								
	Signature, typed or printed name of registered agent ar	Galler W. Marine	EEIS	TERROTTER CONTR		DATC			
		Make Check Pay	yable to	A TOTAL CONTRACTOR OF THE PARTY	State				
9.	MANAGING MEMBER	S/MANAGERS		A SECTION OF THE SECT					
TITLE NAME STREET ADDRESS CITY-ST- 21P-1-1	V MGRM Farkas Michael 1221 Brickell Av Miami, FL 33131		- P. C. C.	CAP SHOULD LANGE SELECTION			38 (12)01		
FITLE NAME STREET ADDRESS CHY-ST-ZIP	P MGRM Spitzer, Joseph 1221 Brickell Av Miami, FL 33131	/e., STE 900	TITLE NAME	TADDRESS			CRZEO		
THTLE NAME SYREET ADDRESS CITY-SY-ZIP			TITLE	TADDRESS	DO NOT \	VRITE			
TITLE - NAME STREET ADDRESS CHY-ST-ZIP	SS			ADDRESS T. ZIP	IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME	ADORESS I					
TITLE ANAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME :	ADDRESS.					
11. I hereby ce	ertify that the information supplied with th	is filing does not qualify for the			On 119 07(3)(i) Florida Statulas Life	uther codify 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _	Whall	Q Jules	Michael D	FACKAS	4/26/02	3055390900
SIGNATURE	AND TYPED OR PRINTED NAM	IE OF SIGNING MANAGING MEMBER,	MANAGER, OR AUTHORIZED REPRESE	NTATIVE D	ate /	Daytime Phone #