


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90013 004 ****50.00

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1. Entity Name
GLOBAL RCBI, LLC



Principal Place of Business
**3956 TOWN CENTER BLVD., SUITE 104
 ORLANDO, FL 32837-6116**

Mailing Address
**3956 TOWN CENTER BLVD., SUITE 104
 ORLANDO, FL 32837-6116**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03152005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1753901

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BAESENS, ROMY
 3956 TOWN CENTER BLVD., SUITE 104
 ORLANDO, FL 32837-6116**

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM BAESENS, ROMY	3956 TOWN CENTER BLVD., SUITE 104	ORLANDO, FL 328376116	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

*Very sorry
 for the delay!
 was just told
 this was
 per due.
 Romy*

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 608.01(1)(b), as 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: *Romy BaeSENS* **ROMY BAESENS** JUN05 4074389600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #