


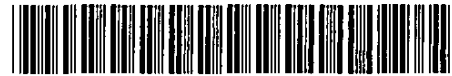
# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90034 006 \*\*\*\*\*50.00

<b>DOCUMENT # L04000004669</b>		
1. Entity Name <b>GLOBAL PROPERTY HOLDINGS, LLC</b>		

Principal Place of Business <b>7606 WEST SAND LAKE ROAD ORLANDO FL 32819 US</b>	Mailing Address <b>7606 WEST SAND LAKE ROAD ORLANDO FL 32819 US</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. <b>7065 Westpointe Blvd, Suite 303</b>	Suite, Apt. #, etc. <b>7065 Westpointe Blvd, Suite 303</b>
City & State <b>Orlando, FL</b>	City & State <b>Orlando, FL</b>
Zip <b>32835</b>	Country <b>USA</b>

1st MOORE CR2E083 (10/06)

4. FEI Number <b>20-0614448</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>TREML, MICHAEL L 7065 WESTPOINTE BLVD., SUITE 303 ORLANDO FL 32835</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
NAME <b>HANSEN, TOM O</b>	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7606 WEST SAND LAKE ROAD</b>		STREET ADDRESS	
CITY ST ZIP <b>ORLANDO FL 32819</b>		CITY ST ZIP	
NAME <b>TREML, MICHAEL L</b>	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7606 WEST SAND LAKE ROAD</b>		STREET ADDRESS	
CITY ST ZIP <b>ORLANDO FL 32819</b>		CITY ST ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
NAME	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Michael L Trelm Member Managing 4/27/07 407-532-2114  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE