


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90043 015 \*\*\*\*\*55.00

<b>DOCUMENT # L05000001619</b> 1. Entity Name <b>GLOBAL RENEWABLE ENERGY LLC</b>					
Principal Place of Business <b>705 SEBASTIAN BLVD 705</b> <b>SUITE B A</b> <b>SEBASTIAN, FL 32958 US</b>			Mailing Address <b>705 SEBASTIAN BLVD 705</b> <b>SUITE B A</b> <b>SEBASTIAN, FL 32958 US</b>		
2. Principal Place of Business <b>725 SEBASTIAN BLVD</b>		3. Mailing Address <b>725 SEBASTIAN BLVD</b>			
Suite, Apt. #, etc. <b>SUITE A</b>		Suite, Apt. #, etc. <b>SUITE A</b>			
City & State <b>SEBASTIAN, FL</b>		City & State <b>SEBASTIAN, FL</b>			
Zip <b>32958</b>		Country <b>U.S.A.</b>		4. FEI Number <b>20-2120098</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  <b>BROOKS, HAROLD L JR</b> <b>705 SEBASTIAN BLVD 705</b> <b>SUITE B A</b> <b>SEBASTIAN, FL 32958</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR</b> <b>BROOKS, HAROLD L JR</b> <b>705 SEBASTIAN BLVD SUITE B</b> <b>SEBASTIAN, FL 32958</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
<b>SIGNATURE: <u>Harold L Brooks</u> HAROLD L BROOKS 1-13-06 722-581-1764</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					