

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023488

FILED
Mar 21, 2006
Secretary of State

Entity Name: GLOBAL AMERICA TITLE SERVICES, LLC

Current Principal Place of Business:

6100 HOLLYWOOD BLVD
SUITE 202
HOLLYWOOD, FL 33024

New Principal Place of Business:

Current Mailing Address:

6100 HOLLYWOOD BLVD
SUITE 202
HOLLYWOOD, FL 33024

New Mailing Address:

FEI Number: 06-1742551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIPACE, PETER L JR.
6100 HOLLYWOOD BLVD
SUITE 202
HOLLYWOOD, FL 33024 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 () Delete
Name: DIPACE, PETER L JR.
Address: 6233 SW 151 CT
City-St-Zip: MIAMI, FL 33193

Title: MGRM () Delete
Name: ROSENFELD, ANTHONY S
Address: 3353 EMERALD OAKS DR
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM () Delete
Name: ZALKIND, ROSTILAV
Address: 18911 COLLINS AVENUE, APT. 1907
City-St-Zip: SUNNY ISLES BEACH, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETER L DIPACE JR

MGRM

03/21/2006

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