

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000049051

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: GLOBAL EQUITY HOLDINGS, LLC

**Current Principal Place of Business:**

6893 SW 18TH STREET  
201  
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

**Current Mailing Address:**

6893 SW 18TH STREET  
201  
BOCA RATON, FL 33433 US

**New Mailing Address:**

FEI Number: 20-2850977      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BLUE CASTLE REALTY, INC.  
6893 SW 18TH STREET  
201  
BOCA RATON, FL 33433 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: MGR ( ) Delete  
Name: BLUE CASTLE REALTY, INC.  
Address: 6893 SW 18TH STREET, SUITE 201  
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGR ( ) Delete  
Name: LEVEL 2 SUPPORT, INC, .  
Address: 757 SE 17TH STREET, SUITE 464  
City-St-Zip: FORT LAUDERDALE, FL 33316

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: LEVEL 2 SUPPORT, INC, .  
Address: 6893 SW 18TH STREET, SUITE 201  
City-St-Zip: BOCA RATON, FL 33433 US

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: DEVIN KALVAITIS

MGR

04/28/2006

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