

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057865

Entity Name: GLOBAL TDR, LLC

FILED  
May 14, 2007  
Secretary of State

**Current Principal Place of Business:**

16758 NW 12TH STREET  
PEMBROKE PINES, FL 33028

**New Principal Place of Business:**

**Current Mailing Address:**

16758 NW 12TH STREET  
PEMBROKE PINES, FL 33028

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

PRESIDENTIAL SERVICES INCORPORATED  
1217 CAPE CORAL PARKWAY  
#300  
CAPE CORAL, FL 33904 US

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: GOMEZ, GERALDINE  
Address: 16758 NW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR (X) Delete  
Name: GOMEZ, CARLOS  
Address: 16758 NW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GOMEZ, CARLOS  
Address: 16758 NW 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

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

I hereby certify that the information supplied with this filing does not qualify 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: CARLOS GOMEZ

MGR

05/14/2007

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