

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000109103

FILED  
Feb 27, 2007  
Secretary of State

Entity Name: GLOBAL PREFERRED TITLE LLC

**Current Principal Place of Business:**

2751 NW 19 STREET  
POMPANO FL, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

2751 NW 19 STREET  
POMPANO FL, FL 33069 US

**New Mailing Address:**

FEI Number: 43-2094792

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COLSON, JENNIFER  
2751 NW 19 STREET  
POMPANO, FL 33069 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: P ( ) Delete  
Name: COLSON, JENNIFER  
Address: 2751 NW 19 STREET  
City-St-Zip: POMPANO, FL 33069

Title: VP ( ) Delete  
Name: LANDAU, MATTHEW  
Address: 2751 NW 19 STREET  
City-St-Zip: POMPANO, FL 33069

Title: T (X) Delete  
Name: PEPITONE, ELLEN  
Address: 2751 NW 19 STREET  
City-St-Zip: POMPANO, FL 33069

**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: JENNIFER COLSON

MM

02/27/2007

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