2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 14, 2007
Secretary of State

DOCUMENT# L06000026572

Entity Name: GLOBAL GL, LC

Current Principal Place of Business:

500 S. FLORIDA AVENUE
SUITE #300
LAKELAND, FL 33801 US

New Principal Place of Business:

223 LAKE AVENUE EAST
AUBURNDALE, FL 33823 US

Current Mailing Address:

500 S. FLORIDA AVENUE
SUITE #300
LAKELAND, FL 33801 US

New Mailing Address:

223 LAKE AVENUE EAST
AUBURNDALE, FL 33823 US

FEI Number: 01-0859932 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

MANN, JOHN L
500 S. FLORIDA AVENUE
SUITE #300
LAKELAND, FL 33801 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: MITCHELL, LAURENCE E
Address: 343 HAMILTON SHORE DRIVE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: MGRM ( ) Delete
Name: FONTAINE, MICHAEL
Address: 50 LAKE HOWARD DR.
City-St-Zip: WINTER HAVEN, FL 33880 US

ADDITIONS/CHANGES:

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 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: LAURENCE E. MITCHELL MGRM 07/14/2007

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