

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

|                                        |                                                                                   |
|----------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L06000026572</b>         |  |
| 1. Entity Name<br><b>GLOBAL GL, LC</b> |                                                                                   |

|                                                                                           |                                                                               |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Principal Place of Business<br><b>223 LAKE AVENUE EAST<br/>AUBURNDALE FL 33823<br/>US</b> | Mailing Address<br><b>223 LAKE AVENUE EAST<br/>AUBURNDALE FL 33823<br/>US</b> |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|



|                                                |                     |
|------------------------------------------------|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

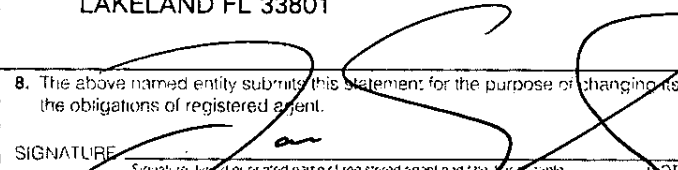
1st MOORE CR2E083 (10/07)

|              |              |                                    |                                                                                    |
|--------------|--------------|------------------------------------|------------------------------------------------------------------------------------|
| City & State | City & State | 4. FEI Number<br><b>01-0859932</b> | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| Zip          | Country      | Zip                                | Country                                                                            |

|                                                                                                               |
|---------------------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional<br>Fee Required |
|---------------------------------------------------------------------------------------------------------------|

|                                                                                    |
|------------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                             |
| <b>MANN, JOHN L<br/>500 S. FLORIDA AVENUE<br/>SUITE #300<br/>LAKELAND FL 33801</b> |

|                                                    |
|----------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |
| Name                                               |
| Street Address (P.O. Box Number is Not Acceptable) |
| City                                               |
| FL Zip Code                                        |

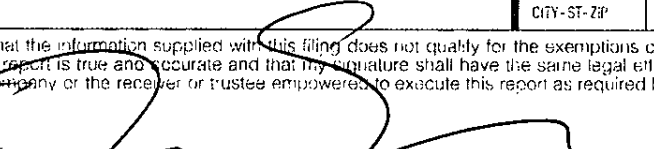
|                                                                                                                                                                                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8. 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. I am familiar with, and accept the obligations of registered agent. |
| SIGNATURE  DATE <b>2/22/08</b>                                                                                                               |

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                                   |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>MITCHELL, LAURENCE E<br>343 HAMILTON SHORE DRIVE<br>WINTER HAVEN FL 33881 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>FONTAINE, MICHAEL<br>50 LAKE HOWARD DR.<br>WINTER HAVEN FL 33880 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                   |

| 10. ADDITIONS/CHANGES                          |                                                                                                                        |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>U00000840389<br/>03/06/08-80045-011 143.75</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 629, Florida Statutes. |
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|----------------------------------------------------------------------------------------------------------------------------------------|
| SIGNATURE:  DATE <b>2/22/08</b> <b>803-551-1079</b> |
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