

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000043601

1. Entity Name
GLOBAL FLORIDA REAL ESTATE LLC



Principal Place of Business

9844 FLORIDA BOYS RANCH ROAD
CLERMONT, FL 34711

Mailing Address

9844 FLORIDA BOYS RANCH ROAD
CLERMONT, FL 34711

2. Principal Place of Business - No P.O. Box #

16738 CORDOBA ST.

3. Mailing Address

16738 CORDOBA ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WINTER GARDEN, FL

City & State

WINTER GARDEN, FL

Zip

34787

Country

Orange

Zip

34787

Country

Orange

6. Name and Address of Current Registered Agent

VANA, MICHAEL A
16738 CORDOBA STREET
WINTER GARDEN, FL 34787

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 VANA, MICHAEL A.

Filing Fee Is \$30.00
Due by May 1, 2007

(NOTE: Registered Agent signature required when restating)

05-APR-07

DATE

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VANA, MICHAEL A 16738 CORDOBA STREET WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 608, Florida Statutes.

SIGNATURE: VANA, MICHAEL A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05-APR-07