

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90355 050 \*\*\*\*50.00

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04052007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000043601</b> 1. Entity Name <b>GLOBAL FLORIDA REAL ESTATE LLC</b>					
Principal Place of Business <b>9844 FLORIDA BOYS RANCH ROAD CLERMONT, FL 34711</b>			Mailing Address <b>9844 FLORIDA BOYS RANCH ROAD CLERMONT, FL 34711</b>		
2. Principal Place of Business - No P.O. Box # <b>16738 Cordoba St.</b>		3. Mailing Address <b>16738 Cordoba St</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Winter GARDEN, FL</b>		City & State <b>Winter GARDEN, FL</b>		4. FEI Number <b>76-0831355</b>	
Zip <b>34787</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>VANA, MICHAEL A 16738 CORDOBA STREET WINTER GARDEN, FL 34787</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>VANA, MICHAEL A</u> <u>05-APR-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VANA, MICHAEL A 16738 CORDOBA STREET WINTER GARDEN, FL 34787</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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: <u>VANA, MICHAEL A</u>			<u>05-APR-07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		