



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # L05000086195 1. Entity Name GUARANTEED REALTY SYSTEMS, LLC	
---	---

Principal Place of Business % C.B. WILLIAMS, GUARANTEED REALTY SYSTEMS 8902 NORTH DALE MABRY HIGHWAY, SUITE 101 TAMPA, FL 33614	Mailing Address % C.B. WILLIAMS, GUARANTEED REALTY SYSTEMS 8902 NORTH DALE MABRY HIGHWAY, SUITE 101 TAMPA, FL 33614
--	--

DO NOT WRITE IN THIS SPACE

	
04162007 No Chg-LLC	CR2E083 (11/05)
4. FEI Number 32-0162486	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, C.B.
 GUARANTEED REALTY SYSTEMS, LLC
 8902 NORTH DALE MABRY HIGHWAY, SUITE 101
 TAMPA, FL 33614

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAMS, C.B. 8902 NORTH DALE MABRY HIGHWAY, SUITE 101 TAMPA, FL 33614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000718351
 05/01/07-80018-011 55.00

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: *C.B. Williams* 4/16/07 813-933-0677 x10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #