

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086203

**FILED**  
**May 01, 2006**  
**Secretary of State**

**Entity Name:** GUARANTEED REALTY REFERRALS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 61-1495451      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
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:**

**Name and Address of New Registered Agent:**

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

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: MGR ( ) Delete  
Name: WILLIAMS, C.B.  
Address: 8902 NORTH DALE MABRY HIGHWAY, SUITE 101  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: C B WILLIAMS

MGR

05/01/2006

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