


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L05000086203 1. Entity Name GUARANTEED REALTY REFERRALS, LLC	
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Principal Place of Business % C.B. WILLIAMS, GUARANTEED REALTY REFER. 8902 NORTH DALE MABRY HIGHWAY, SUITE 101 TAMPA, FL 33614	Mailing Address % C.B. WILLIAMS, GUARANTEED REALTY REFER. 8902 NORTH DALE MABRY HIGHWAY, SUITE 101 TAMPA, FL 33614
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04182007No Chg-LLC CR2E083 (11/05)

4. FEI Number 61-1495451	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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05/01/07-80018-010 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: CB Williams 4-16-2007 813-933-0677 x 10

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