


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
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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04012008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 61-1495451	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 REFERRALS, 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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000881570
 04/16/08 88006 005 138.75

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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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 Date: 4-1-2008 Daytime Phone #: (813)493-6191

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