

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90233 006 \*\*\*\*50.00

**DOCUMENT # L02000033629**

1. Entity Name  
**GUARANTY TRUST & TITLE OF CAROUSEL, L.L.C.**



Principal Place of Business  
**1915 HOLLYWOOD BLVD. #205  
HOLLYWOOD, FL 33320**

Mailing Address  
**1915 HOLLYWOOD BLVD. #205  
HOLLYWOOD, FL 33320**



03032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**41-2071120**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CAMPBELL, STAN ESQ.  
1915 HOLLYWOOD BLVD. #206  
HOLLYWOOD, FL 33320**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/9/04**  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GUARANTY TRUST & TITLE, INC.
STREET ADDRESS	1915 HOLLYWOOD BLVD. #206
CITY-ST-ZIP	HOLLYWOOD, FL 33320
TITLE	MGRM
NAME	CAROUSEL TITLE CORPORATION
STREET ADDRESS	3108 DEL PRADO BLVD., #4
CITY-ST-ZIP	CAPE CORAL, FL 33904
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**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/9/04 984 920 0766**

**STAN Campbell LL**