

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 SEP -2 AM 9:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

WJH

DOCUMENT # L02000033629



1. Entity Name
GUARANTY TRUST & TITLE OF CENTRAL DADE,
L.L.C.

Principal Place of Business
1915 HOLLYWOOD BLVD. #204
HOLLYWOOD, FL 33320

Mailing Address
1915 HOLLYWOOD BLVD. #204
HOLLYWOOD, FL 33320

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



9/2

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

41 207 1120

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMPBELL, STAN ESQ.
1915 HOLLYWOOD BLVD. #204
HOLLYWOOD, FL 33320

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

Make Check Payment to Florida Department of State
Due By May 1, 2003

503196900688

01/11/03 90026 019 \$50

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GUARANTY TRUST & TITLE, INC.
1915 HOLLYWOOD BLVD. #204
HOLLYWOOD, FL 33320 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
JNL INVESTMENTS
7220 NW 36TH ST. #228
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
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CITY - ST - ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

One

Daytime Phone #

CR2E083 (10/02)