


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90020 023 ****50.00

DOCUMENT # L03000002658	
1. Entity Name GUARANTY TRUST AND TITLE OF CYPRESS CREEK, L.L.C.	

Principal Place of Business 1915 HOLLYWOOD BLVD. #204 HOLLYWOOD, FL 33320	Mailing Address 1915 HOLLYWOOD BLVD. #204 HOLLYWOOD, FL 33320
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20026828



2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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03312005 Chg-LLC CR2E083 (10/03)

Zip 3 3020	Country	Zip 33020	Country
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4. FEI Number 26-0059749	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMPBELL, STAN 1915 HOLLYWOOD BLVD. #206 HOLLYWOOD, FL 33320

7. Name and Address of New Registered Agent Name Campbell Stan ESQ. Street Address (P.O. Box Number is Not Acceptable) 1915 Holly wood Blvd. Suite 206 City Holly wood FL Zip Code 33020
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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 *Stan Campbell* DATE 04.04.05
Signature, typed or printed name of registered agent and L.L.C. applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUARANTY TRUST & TITLE, INC. 1915 HOLLYWOOD BLVD. #206 HOLLYWOOD, FL 33320 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASTRO, JOSE IGNACIO 7744 PETERS ROAD STE 315 PLANTATION, FL 33324 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Zip: 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Stan Campbell* DATE 04.04.05 DAYTIME PHONE # 954 920 0766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE