

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-06-2005 90020 020 ****50.00

DOCUMENT # L04000025494 1. Entity Name GUARANTY TRUST & TITLE-SOUTHERN DIVISION, L.L.C.					
Principal Place of Business 1915 HOLLYWOOD BLVD. HOLLYWOOD, FL 33320			Mailing Address 1915 HOLLYWOOD BLVD. HOLLYWOOD, FL 33320		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. Suite 206		Suite, Apt. #, etc. Suite 206			
City & State		City & State			
Zip 33020	Country	Zip 33020	Country	4. FEI Number 27-0092448	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CAMPBELL, STAN ESQ 1915 HOLLYWOOD BLVD. 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 Hollywood Blvd. Suite 206 City Hollywood FL Zip Code 33020		
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 <u><i>Stan Campbell</i></u> (NOTE: Registered Agent signature required when renewing) DATE 04.04.05					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUARANTY TRUST & TITLE, INC. 1915 HOLLYWOOD BLVD. HOLLYWOOD, FL 33320	☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUARANTY TRUST & TITLE, INC. 1915 HOLLYWOOD BLVD. HOLLYWOOD, FL 33320	☐ Delete			
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: <u><i>Stan Campbell</i></u>		04.04.05		754-920 0766	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					