


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90042 013 \*\*\*\*50.00

<b>DOCUMENT # L04000025494</b>	
1. Entity Name <b>GUARANTY TRUST &amp; TITLE-SOUTHERN DIVISION, L.L.C.</b>	

Principal Place of Business <b>1915 HOLLYWOOD BLVD. SUITE 206 HOLLYWOOD, FL 33020</b>	Mailing Address <b>1915 HOLLYWOOD BLVD. SUITE 206 HOLLYWOOD, FL 33020</b>
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2. Principal Place of Business - No P.O. Box # <b>1915 Hollywood Blvd.</b>	3. Mailing Address <b>Suite, Apt. #, etc. Suite 203</b>
City & State <b>Hollywood, FL</b>	City & State <b>Hollywood, FL</b>
Zip <b>33020</b>	Country <b>US</b>



04202007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent <b>CAMPBELL, STAN ESQ 1915 HOLLYWOOD BLVD. SUITE 206 HOLLYWOOD, FL 33020</b>	
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7. Name and Address of New Registered Agent	
Name <b>Mike Stiben</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1915 Hollywood Blvd. Suite 203</b>	
City <b>Hollywood</b>	Zip Code <b>FL 33020</b>

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.

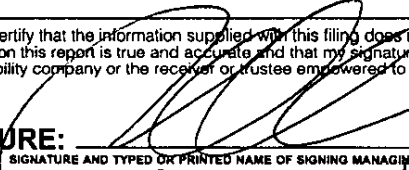
SIGNATURE  DATE **4/23/07**

(NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUARANTY TRUST & TITLE, INC. 1915 HOLLYWOOD BLVD, SUITE 206 HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	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 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:  DATE **4/23/07**

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