FILED
Apr 27, 2005 8:00 am
Secretary of State
04-06-2005 90020 024 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000041414

1. Entity Name
GUARANTY TRUST & TITLE- TRI-COUNTY, L.L.C.

Principal Place of Business	Mailing Address
1915 HOLLYWOOD BLVD., STE. 202 B HOLLYWOOD, FL 33320	1915 HOLLYWOOD BLVD., STE. 202 B 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

02162005 Chg-LLC CR2E083 (10/03)

4. FEI Number 72-1583712 ☐ 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., STE. 202 B
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: [signature] Stan Campbell 04.04.05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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., STE. 202 B HOLLYWOOD, FL 33320 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ZIP: 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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] 04.04.05 954 5200766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #