2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 10, 2008 8:00 am Secretary of State

DOCUMENT # L04000047660 1. Enlity Name FINANCIAL GURANTY TRUST LLC						Secretary of State 01-10-2008 90021 046 ***138.75			
	ALIAN AVE CH, FL 33404 US	Mailing Address 1748 AUSTRALIAN AVE SUITE 15 RIVIERA BEACH, FL 33404 US) 	* 1411 1411 1411 1111 1111	1173 1 41 (13 1	
2. Principal Place of Business - No P.O. Box # 112 PALM CIRCLE		3. Mailing Address 1/2 PALIN GRCLE							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01082008	Chg-LLC	CR2E083 (12/06)			
Gity & State ATCANTIS FL		City & State HTCANTIS, FL			4. FEI Numb			pplied For ot Applicable	
3.346	2 Country USA	33462	Coun	ry SA		e of Status Desired	S \$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name									
GRIESER, FRED J 1748 AUSTRALIAN AVE				Street Address (P.O. Box Number is Not Acceptable)					
SUITE 15 RIVIERA BEACH, FL 33404				112	PALM C	eircla			
	, <u>, , , , , , , , , , , , , , , , , , </u>		City ATC		CANTIS		FL Zipsco	le 6 2	
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 DATE									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75							e check payable to Department of Stat	(e)	
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES	`	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRIESER, FRED J 1748 AUSTRALIAN AVE SUITE 1 RIVIERA BEACH, FL 33404	☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	N S			1			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		l l			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
indicated	certify that the information supplied with on this report is true and accurate and a bility company or the receiver or trustee	hat my signature shall have	the same	e legal effect as	if made under oat	h; that I am a manac	urther certify that the infiging member or manag	ormation er of the	