



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 27, 2005 8:00 am
Secretary of State

04-06-2005 90020 014 *****50.00

DOCUMENT # L04000089360 1. Entity Name GUARANTY TRUST AND TITLE OF FORT LAUDERDALE, L.L.C.					
Principal Place of Business 1915 HOLLYWOOD BLVD. #203 HOLLYWOOD, FL 33020			Mailing Address 1915 HOLLYWOOD BLVD. #203 HOLLYWOOD, FL 33020		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02112005 Chg-LLC CR2E083 (10/03)	
4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">20-2027271</div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				30004746 	
6. Name and Address of Current Registered Agent CAMPBELL, STAN 1915 HOLLYWOOD BLVD. #203 HOLLYWOOD, FL 33020			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reissuing) 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. <input type="checkbox"/> Delete 1915 HOLLYWOOD BLVD. #206 HOLLYWOOD, FL 33020		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUTTON CAPITAL, LLC <input type="checkbox"/> Delete 3511 WEST COMMERCIAL BLVD., SUITE 307 FORT LAUDERDALE, FL 33309		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	
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	
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	
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 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: <i>Stan Campbell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			04.04.05 954 720 0766 <small>Date Cell Phone #</small>		