## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L05000086195 1. Entity Name GUARANTEED REALTY SYSTEMS, LLC Principal Place of Business Mailing Address % C.B. WILLIAMS, GUARANTEED REALTY SYSTEMS % C.B. WILLIAMS, GUARANTEED REALTY SYSTEMS 8902 NORTH DALE MABRY HIGHWAY, SUITE 101 8902 NORTH DALE MABRY HIGHWAY, SUITE 101 TAMPA, FL 33614 **TAMPA, FL 33614**

**FILED** Apr 03, 2008 08:00 Al Secretary of State



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CR2E083 (12/07) 04012008 No Chg-LLC

4. FEI Number Applied For 32-0162486 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, C.B. **GUARANTEED REALTY SYSTEMS, LLC** 8902 NORTH DALE MABRY HIGHWAY, SUITE 101 **TAMPA, FL 33614** 

## DO NOT WRITE IN THIS SPACE

|                                       | named entity submits this statement for the purpose of changi<br>ions of registered agent. | ing its registered office or registered agent, or bo         | th, in the State of Florida. I am familiar with, and acce | ρt |
|---------------------------------------|--|--|---|----|
| SIGNATURE_                            | Signature, typed or printed name of registered agent and little (I applicable              | (NOTE: Registered Agent signature required when reinstating) | DATE  |    |
| FILE<br>After May                     | NOW!!! FEE IS \$138.75<br>1, 2008 Fee will be \$538.75                                     |  | H0000079254   |    |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |  | 04/15/08-80017-004 138.75                                 |    |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | MGR<br>WILLIAMS, C.B.<br>8902 NORTH DALE MABRY HIGHWAY, SUITE 101<br>TAMPA, FL 33614       |  | 04713730 00011 004 136.13                                 |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | •  |  |   |    |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP |  | DO   | NOT WRITE   |    |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP |  | IN '   | THIS SPACE  |    |
| NAME STREET ADDRESS CITY-SI-ZIP       |  |  |   |    |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |  |   |    |

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 eath; 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.