


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90254 009 \*\*\*\*50.00

<b>DOCUMENT # L06000021289</b> 1. Entity Name <b>GUARANTEED REAL ESTATE, LLC</b>					
Principal Place of Business <b>210 NW 197 AVE</b> <b>PEMBROKE PINES, FL 33029 US</b>			Mailing Address <b>210 NW 197 AVE</b> <b>PEMBROKE PINES, FL 33029 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>HACMAN, GABRIEL</b> <b>210 NW 197 AVE</b> <b>PEMBROKE PINES, FL 33029</b>				7. Name and Address of New Registered Agent -  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>HACMAN, GABRIEL</b> <b>210 NW 197 AVE</b> <b>PEMBROKE PINES, FL 33029</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>04.30.07</b> <small>Date</small>		

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04302007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-4405218** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required