


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000807
 1. Entity Name
 GUARANTEED TITLE COMPANY L.C.



Principal Place of Business 219 N. DIXIE HWY LAKE WORTH, FL 33460	Mailing Address 219 N. DIXIE HWY 504E LAKE WORTH, FL 33460
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01252005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0786407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 MILLER, JAMES F
 219 N DIXIE HWY
 LAKE WORTH, FL 33460

DO NOT WRITE IN THIS SPACE

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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00 Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HYLAND, JUDY Q 219 N. DIXIE HWY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MILLER, JAMES F 219 N. DIXIE HWY LAKE WORTH, FL 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COURTNEY, KATHY 219 N. DIXIE HWY LAKE WORTH, FL 33460
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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: *Judy Q Hyland Mgrs.* Date: *1/25/05* Daytime Phone #: *561-2596*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE