


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90058 028 ****50.00

DOCUMENT # **L97000000807**

1. Entity Name
GUARANTEED TITLE COMPANY L.C.



Principal Place of Business Mailing Address

~~1601 BELVEDERE RD~~
~~504E~~
~~WEST PALM BEACH FL 33406~~

~~1601 BELVEDERE RD~~
~~504E~~
~~WEST PALM BEACH FL 33406~~

2. Principal Place of Business 3. Mailing Address

219 N DIXIE HWY **← SAME**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

LAKE WORTH FL **LAKE WORTH FL**

Zip Country Zip Country

33460 **USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MILLER, JAMES F 1601 BELVEDERE RD 504E WEST PALM BEACH FL 33406				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				219 N DIXIE HWY			
				City			
				LAKE WORTH		FL	
				Zip Code		33460	

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 _____ DATE **1/10/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KIMBLE, ANITA Z		NAME		
STREET ADDRESS	1601 BELVEDERE RD 504 E		STREET ADDRESS	219 N DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, JAMES F		NAME		
STREET ADDRESS	1601 BELVEDERE RD 504E		STREET ADDRESS	↓	
CITY-ST-ZIP	WEST PALM BEACH FL 33406		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COURTNEY, KATHY		NAME		
STREET ADDRESS	11924 W. FOREST HILL BLVD.		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33411		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **SIGNATURE REQUIRED** **JAMES F MILLER** Date **1/10/03** Daytime Phone # **561.721.7596**

CR2E083 (10/02)