


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

07-10-2006 90105 037 ****55.00

DOCUMENT # L05000118456

1. Entity Name
MONROE STREET STRATEGIES, LLC



Principal Place of Business
**215 S. MONROE STREET
 SUITE 702
 TALLAHASSEE, FL 32301**

Mailing Address
**215 S. MONROE STREET
 SUITE 702
 TALLAHASSEE, FL 32301**

40040037



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

07052006 Chg-LLC CR2E083 (11/05)

4. FEI Number
04-3835528

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LEHMAN, THOMAS R P.A.
 1441 BRICKELL AVENUE
 FOUR SEASONS TOWER, 15TH FLOOR
 MIAMI, FL 33131**

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 reinstating) DATE _____

**Filing Fee is \$50.00
 Due by September 6, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEHMAN, THOMAS R P.A. 1441 BRICKELL AVENUE, 15TH FLOOR MIAMI, FL 33131	<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.

SIGNATURE:  **Thomas R. Lehman, P.A.**
 Managing Partner

Date: **7/6/06** Daytime Phone #: **3055361112**