## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006573

FILED Jan 26, 2006 Secretary of State

Entity Name	: MONAR	CH INVESTMENT PROPERTIE	S, INC.	•	
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
7900 GLADE BOCA RATO					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
7900 GLADE BOCA RATO					
FEI Number: 8	4-1251553	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of Ne				New Registered Agent:	
STRATEGIC 7900 GLADE BOCA RATO	S ROAD, S				
The above n in the State o		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE	<u>:</u>				
	Electron	nic Signature of Registered Age	ent	Date	
Election Camp	aign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name:	MILLER, DAVII	) Delete ) ROAD, SUITE 610	Name: MILLER, DA\	(X) Change()Addition /ID S ROAD, SUITE 610	

City-St-Zip:

BOCA RATON, FL 33434 BOCA RATON, FL 33434 City-St-Zip: City-St-Zip: () Delete Title: (X) Change ( ) Addition WEISS, SAMUEL G Name: Name: MILLER, SCOTT Address: 7900 GLADES ROAD Address: 7900 GLADES ROAD, SUITE 610 BOCA RATON, FL 33434 BOCA RATON, FL 33434 City-St-Zip: City-St-Zip: Title: Title: () Delete A/S ( ) Change (X) Addition Name: Name: CILLO, LAURIE Address Address: 7900 GLADES ROAD, SUITE 610 City-St-Zip: City-St-Zip: BOCA RATON, FL 33434 Title: () Delete Title: A/S ( ) Change (X) Addition MCFARLANE, KENNETH Name: Name: Address: Address: 7900 GLADES ROAD, SUITE 610

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

BOCA RATON, FL 33434

SIGNATURE: DAVID MILLER **PRES** 01/26/2006