


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90041 021 \*\*\*138.75

<b>DOCUMENT # L00000005589</b>	
1. Entity Name <b>MONROE INVESTMENTS, L.L.C.</b>	

Principal Place of Business <b>1120 EAST WISCONSIN AVE ORANGE CITY, FL 32763</b>	Mailing Address <b>1120 EAST WISCONSIN AVE ORANGE CITY, FL 32763</b>
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2. Principal Place of Business - No P.O. Box # <b>168 EAST CORY DRIVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>168 EAST CORY DRIVE</b> Suite, Apt. #, etc.
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City & State <b>EDGEWATER, FL</b>	City & State <b>EDGEWATER, FL</b>
Zip <b>32141</b>	Country <b>US</b>

04302008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-3645846</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CUTRONA, JERRY M 1120 EAST WISCONSIN AVE. ORANGE CITY, FL 32763</b>	
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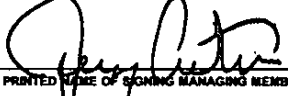
7. Name and Address of New Registered Agent Name <b>JERRY M CUTRONA</b> Street Address (P.O. Box Number is Not Acceptable) <b>168 EAST CORY DRIVE</b> City <b>EDGEWATER</b> FL Zip Code <b>32141</b>	
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8. The above named entity submits this statement for 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 <b>4-30-2008</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CUTRONA, JERRY M 1120 E WISCONSIN AVE ORANGE CITY, FL 32763</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM JERRY M CUTRONA 168 EAST CORY DRIVE EDGEWATER, FL 32141</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CUTRONA, MELINDA E 1120 E WISCONSIN AVE ORANGE CITY, FL 32763</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	<b>JERRY M CUTRONA</b>	DATE <b>4-30-2008</b>	DAYTIME PHONE # <b>386-861-9940</b>
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