


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90182 044 ****50.00

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| DOCUMENT # L00000007160 | |  |
| 1. Entity Name MONARCH CAPITAL GROUP, LLC | | |

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| Principal Place of Business 29656 U.S. HIGHWAY 19N, SUITE 100 CLEARWATER, FL 33761 | Mailing Address 29656 U.S. HIGHWAY 19N, SUITE 100 CLEARWATER, FL 33761 |
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| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



02112004 Chg-LLC CR2E083 (10/03)

| | |
|--|--|
| 4. FEI Number 59-3661983 | 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 GENTILE, MICHAEL L 29656 U.S. HIGHWAY 19N, SUITE 100 CLEARWATER, FL 33761 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM GENTILE, MICHAEL L 29656 US HWY 19 N CLEARWATER, FL 33761 <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 |
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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: *Michael L Gentile* *4/2/2004* *727-787-3111*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #