2005 LIMITED LIABILITY COMPANY.
ANNUAL REPORT

DOCUMENT # L02000015849

1. Entity Name
MONSERRAT PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
862 SUNFLOWER CIRC WESTON, FL 33327	862 SUNFLOWER CIRC WESTON, FL 33327

DO NOT WRITE IN THIS SPACE

04062005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
51-0419980	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GUELMAN, ALEJANDRO
862 SUNFLOWER CIRC
WESTON, FL 33327

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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 _____

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

Filing Fee is $50.00
Due by May 1, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GUELMAN, ALEJANDRO
STREET ADDRESS	862 SUNFLOWER CIRC
CITY-ST-ZIP	WESTON, FL 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/05-80124-019 50.00

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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: _Alejandro Guelman, MGRM 4-5-05   786 262 9966_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #