


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000015849</b> 1. Entity Name <b>MONSERRAT PARTNERS, L.L.C.</b>	
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Principal Place of Business <b>862 SUNFLOWER CIRC WESTON, FL 33327</b>	Mailing Address <b>862 SUNFLOWER CIRC WESTON, FL 33327</b>
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**DO NOT WRITE IN THIS SPACE**



02022008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>51-0419980</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>GUELMAN, ALEJANDRO 862 SUNFLOWER CIRC WESTON, FL 33327</b>
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**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GUELMAN, ALEJANDRO 862 SUNFLOWER CIRC WESTON, FL 33327</b>
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03/08/06-80063-022 50.00

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 606, Florida Statutes.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF A MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>2-1-06</b> <small>Date</small>	<b>786 262 9966</b> <small>Daytime Phone #</small>
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