2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000015849

1. Entity Name

MONSERRAT PARTNERS, L.L.C.



FILED Mar 15, 2007 08:00 Secretary of Stat

Principal Place of Business

862 SUNFLOWER CIRC WESTON, FL 33327

Mailing Address

862 SUNFLOWER CIRC WESTON, FL 33327



02142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
51-0419980

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

GUELMAN, ALEJANDRO 862 SUNFLOWER CIRC WESTON, FL 33327

SIGNATURE:

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		(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUELMAN, ALEJANDRO 862 SUNFI.OWER CIRC WESTON, FL 33327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000667599 03/26/07-80034-024 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this tring floes 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 thereby 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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.			

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE