

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025319

Entity Name: MONA LISA HOLDING, LLC

FILED  
Jan 15, 2008  
Secretary of State

**Current Principal Place of Business:**

815 CASEY KEY ROAD  
NOKOMIS, FL 34275

**New Principal Place of Business:**

3919 SOLYMAR DRIVE  
SARASOTA, FL 34242

**Current Mailing Address:**

815 CASEY KEY ROAD  
NOKOMIS, FL 34275

**New Mailing Address:**

3919 SOLYMAR DRIVE  
SARASOTA, FL 34242

FEI Number: 30-0117853

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COOPER, GLENN M  
150 SOUTH PINE ISLAND RD  
SUITE 105  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GUILLEM, BERNARD  
Address: 815 CASEY KEY ROAD  
City-St-Zip: NOKOMIS, FL 34275

Title: MGR ( ) Delete  
Name: SORCE, ROSALIA  
Address: 815 CASEY KEY ROAD  
City-St-Zip: NOKOMIS, FL 34275

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GUILLEM, BERNARD  
Address: 3919 SOLYMAR DRIVE  
City-St-Zip: SARASOTA, FL 34242

Title: MGR (X) Change ( ) Addition  
Name: SORCE, ROSALIA  
Address: 3919 SOLYMAR DRIVE  
City-St-Zip: SARASOTA, FL 34242

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUILLEM

MR

01/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date