

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90421 043 \*\*\*\*50.00

**DOCUMENT # L03000024231**

1. Entity Name  
**MONO PROPERTIES, LLC**



Principal Place of Business  
**9 SUNSHINE BLVD.  
ORMOND BEACH, FL 32174**

Mailing Address  
**9 SUNSHINE BLVD.  
ORMOND BEACH, FL 32174**

**20010706**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

02022006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0099996**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TUTTLE, ROBERT J  
9 SUNSHINE BLVD.  
ORMOND BEACH, FL 32174**

Name **James Skow**  
Street Address (P.O. Box Number is Not Acceptable)  
**9 Sunshine Blvd**  
City **Ormond Beach** FL Zip Code **32174**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

2/15/06

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME EDWARDS, MARK  
STREET ADDRESS 552 JOHN ANDERSON DRIVE  
CITY-ST-ZIP ORMOND BEACH, FL 32176

TITLE MGRM ☒ Change ☐ Addition  
NAME Edwards, Mark  
STREET ADDRESS 9 Sunshine Blvd  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE MGRM ☐ Delete  
NAME TUTTLE, ROBERT J  
STREET ADDRESS 425 PINE BLUFF TRAIL  
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGRM ☒ Change ☐ Addition  
NAME Tuttle, Robert J  
STREET ADDRESS 9 Sunshine Blvd  
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-16-06 386-676-1157

Date

Daytime Phone #