2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000037904

1. Entity Name
MONROE STREET INVESTORS, LLC

Principal Place of Business	Mailing Address
1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202	1 INDEPENDENT DRIVE SUITE 1600 JACKSONVILLE, FL 32202

DO NOT WRITE IN THIS SPACE

03312006No Chg-LLC CR2E083 (11/05)

4. FEI Number
55-0851895
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, HULSEY & BUSEY
225 WATER ST., STE. 1800
JACKSONVILLE, FL 32202

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

Filing Fee is $50.00
Due by May 1, 2006

U00000500483
04/25/06-80024-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TALLAHASSEE ADVISORS, LLC
STREET ADDRESS	1 INDEPENDENT DR., SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	MGRM
NAME	OP CAPITAL, LLC
STREET ADDRESS	1 INDEPENDENT DR., SUITE 1600
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/3/06 904-634-8808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #