

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 14, 2005 8:00 am
Secretary of State

07-14-2005 90018 023 ****55.00

DOCUMENT # L03000053739

1. Entity Name
HFAH-MONACO LLC



Principal Place of Business
**C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415**

Mailing Address
**C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415**

20063471



06282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0491934

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KOHN, ROBERT M
C/O COUNTRY LAKES LEASING OFFICE
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415**

**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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KOHN, ROBERT M
6010 SHERWOOD GLEN WAY
WEST PALM BEACH, FL 33415**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MACFARLANE, ROBERT A
ONE ODELL PLAZA
YONKERS, NY 10071**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/30/05

Date

Daytime Phone #

239-435-3535