

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000008621

1. Entity Name
MONUMENT INVESTMENTS, LLC



Principal Place of Business
 528 6TH STREET
 PORT ST. JOE, FL 32456 US

Mailing Address
 528 6TH STREET
 PORT ST. JOE, FL 32456 US



02222007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4273895	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

MAGIDSON, MEL C JR.
 528 6TH STREET
 PORT ST. JOE, FL 32456

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 _____ 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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAYWASH OF PORT ST. JOE, INC. 204 GAUTIER MEMORIAL LANE PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAGIDSON, MEL C JR. 528 6TH STREET PORT ST. JOE, FL 32456
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIORENZO, JOSEPH L 310 WATERCRESS DRIVE FRANKLIN, TN 37064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000645964
 03/06/07-80006-006 50.00

DO NOT WRITE IN THIS SPACE

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: *Baywash of Port St Joe, Inc By Joseph L DiRenzo U-P* 2/22/07 850 229-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #