2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 31, 2005 8:00 am
Secretary of State
05-02-2005 90110 015 ****50.00

DOCUMENT # L04000063737

1. Entity Name
MONCRIEF ENTERPRISES, LLC

30007957

Principal Place of Business	Mailing Address
~~233 27th Street~~ 23327 STREET UNIT 1D MIAMI BEACH FL 33140	~~23327 STREET UNIT 1D~~ ~~MIAMI BEACH FL 33140~~ 9792 Edmonds Way #421 Edmonds, WA 98020

1st MOORE CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address
233 27th Street	9792 Edmonds Way
Suite, Apt. #, etc. # 1D	Suite, Apt. #, etc. #421
City & State Miami Beach, FL	City & State Edmonds WA
Zip 33140 Country USA	Zip 98020 Country USA

4. FEI Number 80 - 0123151 ☐ Applied For ☐ Not Applicable

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
MARTINEZ, ERNESTO JR 2937 SW 27TH AVENUE STE. 203 MIAMI FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 K B Moncrief K. B. Moncrief 4/23/05
Signature, typed or printed name of Registered Agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager member Michael Moncrief 9792 Edmonds Way #421 Edmonds, WA 98020 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~Member~~ ~~Kathi B. Moncrief~~ ~~9792 Edmonds Way #421~~ ~~Edmonds, WA 98020~~ Please remove ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Thanks 5/23/05 M Moncrief ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: K B Moncrief Kathi B. Moncrief 4/23/05 425.774.3397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #