2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 18, 2007 8:00 am Secretary of State DOCUMENT # L04000063938 1. Entity Name 04-18-2007 90029 010 ****50.00 MONARCH NESTING SITES LLC Principal Place of Business Mailing Address 4105 TRALEE TALLAHASSEE FL 32309 4105 TRALEE TALLAHASSEE FL 32309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-1552055 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, JOANNE M Street Address (P.O. Box Number is Not Acceptable) 4105 TRALEE TALLAHASSEE FL UŚ ₃323*0*9 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. (NOTE Registered Agent signature required wheri reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. THLE TITLE Change ☐ Addition MGRM ☐ Delete NAME COOK, JOANNE M STREET ADDRESS STREET ADDRESS 4150 TRALEE City-St-ZiP TALLAHASSEE FL 32309 CITY-ST-7IP TÜLE Delete HILL Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete HTLE Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP Delete TITLE Change ☐ Addition TIME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete Change □ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-S1-ZIP [] Change THLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

JRE: /cann M Coh manay: member signature and typed of printed name of signing managing member, manager, or authorized representative

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