

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90014 008 ****55.00

DOCUMENT # L05000043060 1. Entity Name MONIQUE MARKETING, L.L.C.			
Principal Place of Business 27181 SUN AQUA LANE BONITA SPRINGS, FL 34135		Mailing Address 27181 SUN AQUA LANE BONITA SPRINGS, FL 34135	
2. Principal Place of Business 14865 Carducci Court Suite, Apt. #, etc.		3. Mailing Address 14865 Carducci Court Suite, Apt. #, etc.	
City & State Bonita Springs, FL Zip 34135		City & State Bonita Springs, FL Zip 34135	
Country USA		Country USA	
4. FEI Number 20-2766762		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE SANTIS, MONIQUE 27181 SUN AQUA LANE BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent Name Monique De Santis Street Address (P.O. Box Number is Not Acceptable) 14865 Carducci Court Bonita Springs City FL Zip Code 34135	
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 <u><i>M De Santis</i></u> DATE <u>4/2/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DE SANTIS, MONIQUE 27181 SUN AQUA LANE BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DE SANTIS, MONIQUE 14865 Carducci Court Bonita Springs, FL 34135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>M De Santis</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>4/2/06</u> Daytime Phone # <u>(239) 248-0624</u>	