


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000076515</b> 1. Entity Name <b>MONT-LEST, LLC</b>	
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Principal Place of Business <b>C/O GREENTREE GARDENS 4113 HENDERSON BLVD. TAMPA, FL 33629</b>	Mailing Address <b>C/O GREENTREE GARDENS 4113 HENDERSON BLVD. TAMPA, FL 33629</b>
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04082008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>04-3822667</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>CFRA, LLC 4221 W. BOY SCOUT BOULEVARD, SUITE 1000 TAMPA, FL 33607</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MONTANARO, ANGELO C 4113 HENDERSON BLVD TAMPA, FL 33629</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LESTINI, JOHN R 3900 14TH ST NE SAINT PETERSBURG, FL 33703</b>
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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:** Angelo C. Montanaro Angelo C. Montanaro 4/9/08 (813) 289-1634  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #