

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 04, 2006 8:00 am
Secretary of State

04-04-2006 90010 047 ****50.00

DOCUMENT # L05000078121

1. Entity Name

MONARCH DEVELOPMENT, LLC



Principal Place of Business

7975 MONARCH COURT
DELRAY BEACH FL 33446

Mailing Address

7975 MONARCH COURT
DELRAY BEACH FL 33446



2. Principal Place of Business

7981 MONARCH CT.

Suite, Apt. #, etc.

3. Mailing Address

7981 MONARCH CT.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

20-3179041

Applied For

Not Applicable

Zip

33446

Country

USA

Zip

33446

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BEATTY, ROBERT
7975 MONARCH COURT
DELRAY BEACH FL 33446

7. Name and Address of New Registered Agent

Name HANCOCK ZOGIN

Street Address (P.O. Box Number is Not Acceptable)
7981 MONARCH CT.

City DELRAY BEACH

FL

Zip Code 33446

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 *Robert Beatty*

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reinstating)

3/7/06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE PRESIDENT
NAME HANCOCK ZOGIN
STREET ADDRESS 7981 MONARCH CT.
CITY-ST-ZIP DELRAY BEACH, FL. 33446 ☐ Delete

TITLE VP PRES
NAME ROBERT BEATTY
STREET ADDRESS 7975 MONARCH COURT
CITY-ST-ZIP DELRAY BEACH, FL. 33446 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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: *Robert Beatty*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/7/06
Date

461-468-9705
Daytime Phone #