

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000095315**

1. Entity Name

**MONUMENT INVESTMENTS LLC**



Principal Place of Business

**525 LIVE OAK ST.  
ST. AUGUSTINE, FL 32084**

Mailing Address

**525 LIVE OAK ST.  
ST. AUGUSTINE, FL 32084**



04202007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-3554725**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351**

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	HANRAHAN, JAMES B
STREET ADDRESS	119 BELLES CHASE COURT
CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	MGRM
NAME	BRALY, MATTHEW
STREET ADDRESS	3 A ST
CITY-ST-ZIP	ST. AUGUSTINE BEACH, FL 32080
TITLE	MGRM
NAME	BIEDERER, FRANK
STREET ADDRESS	2850 ASTORIA AVE.
CITY-ST-ZIP	CUMMING, GA 30040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000745249  
05/16/07-80021-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #