


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 22, 2008 8:00 am**  
**Secretary of State**

02-22-2008 90041 040 \*\*\*138.75

<b>DOCUMENT # L05000109931</b>			
1. Entity Name <b>MONDAY INDUSTRIES, LLC</b>			
Principal Place of Business <b>3760 CORTEZ RD. #04001 BRADENTON FL 34210 US</b>		Mailing Address <b>4518 GALLOWAY BOULEVARD BRADENTON FL 34210 US</b>	
2. Principal Place of Business - No P.O. Box # <b>4518 GALLOWAY Blvd</b>		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>BRADENTON FL</b>		City & State	
Zip <b>34210</b>	Country <b>USA</b>	Zip	Country



1st MOORE CR2E083 (10/07)

4. FEI Number <b>16-1742026</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>JOHANSEN, ROY 4518 GALLOWAY BOULEVARD BRADENTON FL 34210</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.			
SIGNATURE		DATE	

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES JOHANSEN, JOAN PRES 4518 GALLOWAY BLVD BRADENTON FL 34210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR JOHANSEN, ROY 4518 GALLOWAY BLVD BRADENTON FL 34210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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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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:** *Joan Johansen* **2/13/08** **941-253-9499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #