2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000118456

1. Entity Name

MONROE STREET STRATEGIES, LLC

FILED Feb 04, 2008 08:00 AN **Secretary of State**

Principal Place of Business

215 S. MONROE STREET

SUITE 702

TALLAHASSEE, FL 32301

Mailing Address

215 S. MONROE STREET SUITE 702

TALLAHASSEE, FL 32301



01252008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 04-3835528

Applied Foi Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEHMAN, THOMAS R P.A. 1441 BRICKELL AVENUE FOUR SEASONS TOWER, 15TH FLOOR MIAMI, FL 33131

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8. T	The above named entity submits this statement for the purpose of changing its registered office or registered	gent, or both, in the Sta	ite of Florida.	I am familiar with.	and accept
- 1	the obligations of registered agent.		Hamana	ölform	

02/14/08-80026-002 143.75

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

MANAGING MEMBERS/MANAGERS

(NOTE Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS	MGR . THOMAS R. LEHMAN, P.A. 1441 BRICKELL AVENUE, 15TH FLOOR				
CHY-ST-ZIP	MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing sloes not qualify for the employed on this report is the end accurate and that my signature shall have the experience.					

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exemptions contained in Chapter 119, Florida Statutes. Uturther certify that the information eand 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 preceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company of

SIGNATURE

MANAGING MEMBER, OR AUTHORIZED RE