

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016207

Entity Name: MON AMI 3, LLC

FILED  
Jan 22, 2007  
Secretary of State

## Current Principal Place of Business:

410 N. LAKE SYBELIA DR.  
MAITLAND, FL 32751 US

## New Principal Place of Business:

## Current Mailing Address:

410 N. LAKE SYBELIA DR.  
MAITLAND, FL 32751 US

## New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILLMAN, DONALD  
410 N. LAKE SYBELIA DR.  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HILLMAN, DONALD  
Address: 410 N. LAKE SYBELIA DR.  
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM ( ) Delete  
Name: SMITH, RYAN  
Address: 7140 CARTER RD  
City-St-Zip: LAKELAND, FL 32751 US

Title: MGRM ( ) Delete  
Name: HILLMAN, GRANT  
Address: 410 N. LAKE SYBELIA DR  
City-St-Zip: MAITLAND, FL 32751 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DONALD C. HILLMAN

MGR

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date