

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000016207

FILED
Jul 02, 2008
Secretary of State

Entity Name: MON AMI 3, LLC

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: 20-4308455 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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 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

07/02/2008

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