

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000033702

FILED
May 01, 2007
Secretary of State

Entity Name: THE MONOGRAM ROOM, LLC

Current Principal Place of Business:

14635 DUPREE ROAD
WIMAUMA, FL 33598 US

New Principal Place of Business:

Current Mailing Address:

14635 DUPREE ROAD
WIMAUMA, FL 33598 US

New Mailing Address:

FEI Number: 20-4620927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

CHAFENS, CHRISTINA L
14635 DUPREE ROAD
WIMAUMA, FL 33598 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: CHAFENS, CHRISTINA L
Address: 14635 DUPREE ROAD
City-St-Zip: WIMAUMA, FL 33598 US

Title: MGRM (X) Delete
Name: CHAFENS, CONNIE E
Address: 11239 MCMULLEN ROAD
City-St-Zip: RIVERVIEW, FL 33569 US

ADDITIONS/CHANGES:

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: CHRISTINA L CHAFENS

MGRM

05/01/2007

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