

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065271

FILED
Jan 11, 2007
Secretary of State

Entity Name: MONUMENT PARTNERS, L.L.C.

Current Principal Place of Business:

5020 WEST CYPRESS STREET, SUITE 200
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5020 WEST CYPRESS STREET, SUITE 200
TAMPA, FL 33607

New Mailing Address:

FEI Number: 42-1708525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, ROBERT E
5020 WEST CYPRESS STREET, SUITE 200
TAMPA, FL 33607 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: SCIBETTI, CHARLES J MR
Address: 350 ALBANY STREET #7F
City-St-Zip: NEW YORK, NY 10280 US

Title: MGRM () Change (X) Addition
Name: PURDIE, ALEXANDER M MR
Address: 300 WATERPINE COURT
City-St-Zip: ATLANTA, GA 30350 US

Title: MGRM () Change (X) Addition
Name: PURDIE, EDITH C MRS
Address: 300 WATERPINE COURT
City-St-Zip: ATLANTA, GA 30350 US

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: ALEXANDER M PURDIE

MR

01/11/2007

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