2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# L06000071487

Entity Name: MONARNCAR, LLC.

Current Principal Place of Business:

16101 MURCOTT BOULEVARD
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

16101 MURCOTT BOULEVARD
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THAME, CARL J
16101 MURCOTT BOULEVARD
LOXAHATCHEE, FL 33470 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: MGR ( ) Delete
Name: THAME, CARL J SR.
Address: 16101 MURCOTT BOULEVARD
City-St-Zip: LOXAHATCHEE, FL 33470 US

Title: MGRM ( ) Delete
Name: THAME, AARON C
Address: 1191 GALE DRIVE
City-St-Zip: NORCROSS, GA 30093 US

Title: MGRM ( ) Delete
Name: THAME, MONIQUE A
Address: 1191 GALE DRIVE
City-St-Zip: NORCROSS, GA 30093 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: CARL THAME MGRM 02/11/2009

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