

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000072621

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: MONARCH AT THE MEDALIST, LLC

**Current Principal Place of Business:**

6131 LYONS ROAD, SUITE 200  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6131 LYONS ROAD, SUITE 200  
COCONUT CREEK, FL 33073

**New Mailing Address:**

FEI Number: 20-5275720

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ZUCKERMAN, ANDREW  
6131 LYONS RD STE 200  
POMPANO BEACH, FL 33073 US

**Name and Address of New Registered Agent:**

ZUCKERMAN, ANDREW  
6131 LYONS RD STE 200  
COCONUT CREEK, FL 33073 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: ANDREW ZUCKERMAN

01/12/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZUCKERMAN, DAVID  
Address: 6131 LYONS ROAD, SUITE 200  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR ( ) Delete  
Name: MCINERNEY, GARY J  
Address: 49 MONROE CENTER NW, SUITE 401  
City-St-Zip: GRAND RAPIDS, MI 49503

**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: DAVID ZUCKERMAN

MGR

01/12/2009

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