


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90353 026 \*\*\*\*50.00

<b>DOCUMENT # L06000073622</b>	
1. Entity Name <b>MONARCH REALTY PARTNERS, LLC</b>	

Principal Place of Business <b>14051 MILLER DRIVE PALM BEACH GARDENS, FL 33410</b>	Mailing Address <b>14051 MILLER DRIVE PALM BEACH GARDENS, FL 33410</b>
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2. Principal Place of Business - No P.O. Box # <b>1200 S. OCEAN BLVD.</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc. <b>APT. H</b>	Suite, Apt. #, etc.
City & State <b>BOCA RATON FL</b>	City & State
Zip <b>33432</b>	Country <b>U.S.</b>
Country <b>FLORIDA</b>	Zip <b>33410</b>



04112007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>WILLIAMSON, LINDA K 14051 MILLER DRIVE PALM BEACH GARDENS, FL 33410</b>	
7. Name and Address of New Registered Agent Name <b>LINDA K. WILLIAMSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>14051 NORTH MILLER DRIVE</b> City <b>PALM BEACH GARDENS FL</b> Zip Code <b>33410</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE Linda K. Williamson **LINDA K. WILLIAMSON** 4/10/07  
(NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FREEDLAND, CAROLE E 1200 S. OCEAN BOULEVARD, APT. H BOCA RATON, FL 33432</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Carole E. Freedland **4/12/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #