## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

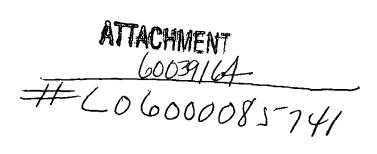
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**SIGNATURE** 

## May 05, 2008 8:00 am Secretary of State **DOCUMENT # L06000085741** 05-05-2008 90038 037 \*\*\*138.75 MONROE MARKETING, LLC Principal Place of Business Mailing Address 272 BOX 272 P.O: BOX 272 YALAMA, FL-34797 US YALAHA, FL-34797 -- US 3. Mailing Address 2089 Principal Place of Business - No P.O. Box # 2089 East Parkwa Parkwa Suite, Apt. #, etc. Suite, Apt. #, etc. 0\$032008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For Delar **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code 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 obligation of the obligati SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TITLE **MGRM** TIT1 F ☐ Delete Change ☐ Addition NAME WARD MARILYN NAME 2089 East Parkway P.O. BOX 272 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FI 34797 CITY-ST-715 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE Change ☐ Delete TILE. ■ Addition NAME , NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED



in terrogram
Please Note:
I Changed
I changed my address last July/Aug 2007
Never got
I do not understand Why it wasn't Changed.
Thank you.