

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000051500

1. Entity Name
MONUMENTAL CONSTRUCTION, LLC



Principal Place of Business
1366 CALEUTTA DRIVE
GULF BREEZE, FL 32563

Mailing Address

1366 CALEUTTA DRIVE
GULF BREEZE, FL 32563

2. Principal Place of Business - No P.O. Box #
1366 Calcutta Dr.

Suite, Apt. #, etc.

3. Mailing Address
1366 Calcutta Dr.

Suite, Apt. #, etc.

City & State

City & State

04242008 Chg-LLC CR2E083 (12/06)

Zip

Zip

Country

4. FEI Number
26-2835299

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

PARKS, ROGER
1366 CALEUTTA DRIVE
GULF BREEZE, FL 32563

Name

Street Address (P.O. Box Number is Not Acceptable)

1366 Calcutta Drive

City

FL Zip Code

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

4.24.08

DATE

FILE NOW!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, ROGER		1366 Calcutta Drive
STREET ADDRESS	1366 CALEUTTA DRIVE		
CITY-ST-ZIP	GULF BREEZE, FL 32563		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGED MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Roger Parks

4.24.08

8506376d11

Date

Daytime Phone #