2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008
Secretary of State

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Entity Name: EIRE MONROE, LLC

Current Principal Place of Business:

2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431

New Principal Place of Business:

2799 NW BOCA RATON BLVD., SUITE 205
BOCA RATON, FL 33431

Current Mailing Address:

2799 NW BOCA RATON BLVD., SUITE 203
BOCA RATON, FL 33431

New Mailing Address:

2799 NW BOCA RATON BLVD., SUITE 205
BOCA RATON, FL 33431

FEI Number: 26-1548336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNAY, GARY S
5355 TOWN CENTER ROAD #801
BOCA RATON, FL 33486 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: MGRM ( ) Delete
Name: SPILLANE, MARK D
Address: 2799 NW BOCA RATON BLVD., SUITE 203
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SPILLANE, MARK D
Address: 2799 NW BOCA RATON BLVD., SUITE 205
City-St-Zip: BOCA RATON, FL 33431

Title: PRES ( ) Change (X) Addition
Name: MARIO, LEVINE
Address: 2799 NW BOCA RATON BLVD., SUITE 205
City-St-Zip: BOCA RATON, FL 33431

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: MARIO LEVINE PRES 03/25/2008

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