

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121238

Entity Name: MONETARY GATEWAY LLC

FILED  
May 01, 2008  
Secretary of State

**Current Principal Place of Business:**

7512 DR. PHILLIPS BLVD.  
50293  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7512 DR. PHILLIPS BLVD.  
50293  
ORLANDO, FL 32819

**New Mailing Address:**

FEI Number: 26-1518023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BONNALLIE, PAUL D  
7512 DR. PHILLIPS BLVD.  
50293  
ORLANDO, FL 32819 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CUTLER, DAVID G  
Address: 8948 FENTON ST  
City-St-Zip: ORLANDO, FL 32836

Title: MGR ( ) Delete  
Name: BONNALLIE, PAUL D  
Address: 7512 DR. PHILLIPS BLVD.  
City-St-Zip: ORLANDO, FL 32809

**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: PAUL D. BONNALLIE

MGR

05/01/2008

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