


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 15, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L99000007933 1. Entity Name MONUMENT FINANCIAL SERVICES, LLC |  |
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|---|---|
| Principal Place of Business 1450 MAARUGA AVENUE SUITE 400 MIAMI, FL 33146 | Mailing Address 1450 MAARUGA AVENUE SUITE 400 MIAMI, FL 33146 |
|---|---|

DO NOT WRITE IN THIS SPACE



07012004 No Chg-LLC

CR2E083 (10/03)

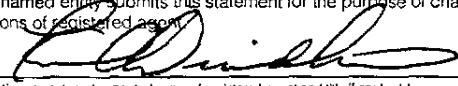
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|------------------------------------|--|
| 4. FEI Number 65-0969018 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent WINDHORST, KENT A 13260 SW 105TH STREET MIAMI, FL 33186 |
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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  6/30/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


**Filing Fee is \$50.00
Due by September 8, 2004**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WINDHORST, KENT A 13260 SW 105TH STREET MIAMI, FL 33186 |
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07/15/04-80002-014 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  6/30/04 305-666-3319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #