2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# M07000004555

Entity Name: MONITOR CLIPPER PARTNERS, LLC

Current Principal Place of Business:

TWO CANAL PARK, 4TH FLOOR
CAMBRIDGE, MA 02141

New Principal Place of Business:

Current Mailing Address:

TWO CANAL PARK, 4TH FLOOR
CAMBRIDGE, MA 02141

New Mailing Address:

FEI Number: 83-0354626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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:	MGR	( ) Delete
Name:	BELL, MICHAEL A	
Address:	TWO CANAL PARK, 4TH FLOOR	
City-St-Zip:	CAMBRIDGE, MA 02141	
Title:	MGR	( ) Delete
Name:	CALHOUN, ROBERT B	
Address:	TWO CANAL PARK, 4TH FLOOR	
City-St-Zip:	CAMBRIDGE, MA 02141	
Title:	MGR	( ) Delete
Name:	LAINO, PETER S	
Address:	TWO CANAL PARK, 4TH FLOOR	
City-St-Zip:	CAMBRIDGE, MA 02141	
Title:	MGR	( ) Delete
Name:	MACDONALD, KEVIN A	
Address:	TWO CANAL PARK, 4TH FLOOR	
City-St-Zip:	CAMBRIDGE, MA 02141	
Title:	MGR	( ) Delete
Name:	METZ, TRAVIS R	
Address:	TWO CANAL PARK, 4TH FLOOR	
City-St-Zip:	CAMBRIDGE, MA 02141	
Title:	MGR	( ) Delete
Name:	THOMAS, MARK T	
Address:	TWO CANAL PARK, 4TH FLOOR	
City-St-Zip:	CAMBRIDGE, MA 02141	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	YOUNG, WILLIAM L	
Address:	TWO CANAL PARK, 4TH FLOOR	
City-St-Zip:	CAMBRIDGE, MA 02141	
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: TRAVIS R. METZ MGR 01/07/2009

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