

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003415

Entity Name: MONSTER BUCKS, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

121 EISENHOWER CT. UNIT B
NICHOLASVILLE, KY 40356

New Principal Place of Business:

121 EISENHOWER CT. UNIT B
SUITE B
NICHOLASVILLE, KY 40356

Current Mailing Address:

121 EISENHOWER CT. UNIT B
NICHOLASVILLE, KY 40356

New Mailing Address:

121 EISENHOWER CT. UNIT B
SUITE B
NICHOLASVILLE, KY 40356

FEI Number: 26-1979972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAINES, DONNA
1523 STORINGTON RD.
BRANDON, FL 33511 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: REDMAN, RICK
Address: 4609 BRINDLEY WAY
City-St-Zip: LEXINGTON, KY 40515

Title: MGRM () Delete
Name: REDMAN, BRAD
Address: 3652 WINDING WOOD LANE
City-St-Zip: LEXINGTON, KY 40515

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REDMON, RICK
Address: 4609 BRINDLEY WAY
City-St-Zip: LEXINGTON, KY 40515

Title: MGRM (X) Change () Addition
Name: REDMON, BRAD
Address: 3652 WINDING WOOD LANE
City-St-Zip: LEXINGTON, KY 40515

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: RICK REDMON

MGRM

01/14/2009

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