

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 12, 2006  
Secretary of State**

DOCUMENT# L05000118504

Entity Name: MUNCHKIN, LLC

**Current Principal Place of Business:**

5396 S.W. 80 STREET  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5396 S.W. 80 STREET  
MIAMI, FL 33143

**New Mailing Address:**

FEI Number: 20-3971201      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:**

TRESCOTT, DRUCKER & VASALLO, P.L.  
2605 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134    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:**

**ADDITIONS/CHANGES:**

Title: MGRM      ( ) Delete  
Name: WELLER, EDWARD M., S. R., TRUSTEE  
Address: 5396 S.W. 80 STREET  
City-St-Zip: MIAMI, FL 33143

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM      ( ) Delete  
Name: MORTENSON, BETTY M., TRUSTEE  
Address: 5396 S.W. 80 STREET  
City-St-Zip: MIAMI, FL 33143

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD WELLER

MGRM

06/12/2006

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