

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90128 020 ****50.00

DOCUMENT # L03000005265 1. Entity Name KIDZ AT PLAY L.C.					
Principal Place of Business 5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487			Mailing Address 5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MOMBACH, GEOFFREY S ESO MOMBACH BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when resigning.)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM WOLF, ERIC 740 NE LAKEVIEW TERRACE BOCA RATON, FL 33431 ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 prepare this report as required by Chapter 808, Florida Statutes.					
SIGNATURE:				4/29/05 561 860 7454	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	