2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DOCUMENT # L03000005265

1. Entity Name

NAME STREET ADDRESS CITY+ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

KIDZ AT PLAY L.C. Principal Place of Business Mailing Address 5801 NORTH CONGRESS AVENUE 5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487 BOCA RATON, FL 33487 01092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2902998 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S ESQ DO NOT WRITE MOMBACH BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 IN THIS SPACE FORT LAUDERDALE, FL 33394 3. 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 title if applicable (NOTE, Registered Agent signature required when reinstating) 1100000384846 Filing Fee is \$50.00 Due by May 1, 2006 U1/17/06-80032-001 SO.00 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE WOLF, ERIC NAME STREET ADDRESS 740 NE LAKEVIEW TERRACE CITY-ST-ZIP BOCA RATON, FL 33431 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-70P IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET AODRESS CITY-ST-ZIP DRE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, (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 of execute this report as required by Chapter 608, Florida Statutes.

OR AUTHORIZED REPRESENTATIVE

FILED

Jan 12, 2006 08:00 AM Secretary of State