2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED 2007 08:00 AN te

ANNUAL REFURI				jan 10, 200 / U8:00		
DOCUMENT # L0300005265 1. Entity Name KIDZ AT PLAY L.C.				Secretary of Sta		
Principal Place of Business Mailing Address 5801 NORTH CONGRESS AVENUE 5801 NORTH CONGRESS AVENUE BOCA RATON, FL 33487 BOCA RATON, FL 33487		UE				
DO NOT WRITE IN THIS SPAC			^E	01032007 No Chg-LLC	CR2E083 (11/05)	
			GE .	FEI Number 20-2902998 Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		<u> </u>		
MOMBACH, GEOFFREY S ESQ MOMBACH BOYLE & HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its register	ed office or register	ed agent, or both, in the State of Fl	orida. I am familiar with, and accept	
 Fi	Signature, Speci or printed name of registered agent filling Fee is \$50.00 we by May 1, 2007	and title if applicable. NOTE Registere	d Agent signature required	when reinstating)	DATE	
9.	MĀÑAĢING MEMBI	RS/MANAGERS	I	<u> </u>		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM WOLF, ERIC 740 NE LAKEVIEW TERRACE BOCA RATON, FL 33431	and many total to				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			(10)(((1) -7((\delta))	0586053 -80037-004 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SE	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

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

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SIGNATURE:

MAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE BRIC