

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025947

FILED  
Jul 13, 2004  
Secretary of State

Entity Name: MONARCH CUSTOM CARTS, LC

## Current Principal Place of Business:

1020 DUVAL STREET  
KEY WEST, FL 33040

## New Principal Place of Business:

## Current Mailing Address:

407 CATHERINE STREET  
KEY WEST, FL 33040

## New Mailing Address:

FEI Number: 55-0840255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBBINS, WILLIAM O III  
407 CATHERINE STREET  
KEY WEST, FL 33040 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/MEMBERS:

Title: MGRM ( ) Delete  
Name: ROBBINS, WILLIAM O., III, TRUSTEE  
Address: 407 CATHERINE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: MCMAHON, DANIEL, J., TRUSTEE  
Address: 407 CATHERINE STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: MUZZY, DONNA L  
Address: 50 WOODLAWN AVENUE  
City-St-Zip: WELLESLEY, MA 02481

Title: MGRM ( ) Delete  
Name: MUZZY, GREGORY E  
Address: 50 WOODLAWN AVENUE  
City-St-Zip: WELLESLEY, MA 02481

## ADDITIONS/CHANGES:

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

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

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

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 Section 119.07(3)(i), 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: WILLIAM O. ROBBINS III

MGRM

07/13/2004

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