

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025947

FILED  
Jan 20, 2005  
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

01/20/2005

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