

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025947

Entity Name: MONARCH CUSTOM CARTS, LC

FILED  
Apr 27, 2006  
Secretary of State

## 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:

628 WHITE STREET, DS RR  
KEY WEST, FL 33040

FEI Number: 55-0840255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## 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:

MARION, LISA M  
628 WHITE STREET, DS RR  
KEY WEST, FL 33040 US

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: LISA M. MARION

04/27/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

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

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: JENKINS, DONALD W  
Address: 1020 DUVAL STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change ( ) Addition  
Name: MARION, LISA M  
Address: 628 WHITE STREET, DS RR  
City-St-Zip: KEY WEST, FL 33040

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 Chapter 119, 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: LISA M. MARION

MGMR

04/27/2006

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