2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006
Secretary of State

DOCUMENT# L04000058216

Entity Name: MONKEY BARS LLC

Current Principal Place of Business:

900 SIMONTON ST.
KEY WEST, FL 33040 US

New Principal Place of Business:

Current Mailing Address:

900 SIMONTON ST.
KEY WEST, FL 33040 US

New Mailing Address:

FEI Number: 20-1377475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAUCK, LYNN W
620 CRUIKSHANK ISLAND
SUMMERLAND KEY, FL 33042 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/MANAGERS:

Title: MGRM ( ) Delete
Name: MAUCK, LYNN W
Address: 620 CRUIKSHANK ISLAND
City-St-Zip: SUMMERLAND KEY, FL 33042 US

Title: MGRM ( ) Delete
Name: KUERTZEL, GARY A
Address: 146 PELICAN LANE
City-St-Zip: BIG PINE KEY, FL 33043 US

Title: MGRM (X) Delete
Name: WALKER, ROBERT M
Address: 146 PELICAN LANE
City-St-Zip: BIG PINE KEY, FL 33043 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: WALKER, ROBERT M
Address: 900 SIMONTON ST.
City-St-Zip: KEY WEST, FL 33040

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: LYNN W. MAUCK MM/M 01/30/2006

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