

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 03, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000074678

**1. Entity Name
MONKEY MAZE, LLC**



**Principal Place of Business
10600 ORANGE AVENUE
ORLANDO, FL 32824**

**Mailing Address
10600 ORANGE AVENUE
ORLANDO, FL 32824**



01302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
20-1749807**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRATES, E. JAY
10600 ORANGE AVENUE
ORLANDO, FL 32824**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

U000000490161
04/18/06-80045-003 50.00

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SJSJJ
P.O. BOX 55
ORLANDO, FL 32802**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

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NAME
STREET ADDRESS
CITY-ST-ZIP**

**DO NOT WRITE
IN THIS SPACE**

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 a limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: E. Jay Strates E. Jay Strates

3-21-06 407-855-3939