

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054148

FILED  
May 13, 2009  
Secretary of State

Entity Name: THE MONKEY PLAYHOUSE FOR KIDS, LLC

## Current Principal Place of Business:

728 PINE ISLAND ROAD  
STE 15  
CAPE CORAL, FL 33991 US

## New Principal Place of Business:

728 PINE ISLAND ROAD SW  
STE 15  
CAPE CORAL, FL 33991 US

## Current Mailing Address:

728 PINE ISLAND ROAD  
STE 15  
CAPE CORAL, FL 33991 US

## New Mailing Address:

728 PINE ISLAND ROAD SW  
STE 15  
CAPE CORAL, FL 33991 US

FEI Number: 26-3971788      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

AMICO, JUDITH L  
728 PINE ISLAND ROAD  
STE 15  
CAPE CORAL, FL 33991 US

## Name and Address of New Registered Agent:

AMICO, JUDITH L  
728 PINE ISLAND ROAD SW  
STE 15  
CAPE CORAL, FL 33991 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: JUDITH L AMICO

05/13/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: AMICO, JUDITH L  
Address: 728 PINE ISLAND ROAD  
City-St-Zip: CAPE CORAL, FL 33991 US

## ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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: JUDITH L AMICO

MGMR

05/13/2009

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