

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025163

**FILED**  
**Jan 14, 2005**  
**Secretary of State**

**Entity Name:** MARTIN & VLEMINCKX RIDES, LLC

**Current Principal Place of Business:**

312 S.E. 17TH STREET, SECOND FLOOR  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

312 S.E. 17TH STREET, SECOND FLOOR  
FORT LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 51-0477888

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAAVEDRA, DAMASO W ESQ  
SAAVEDRA, PELOSI & GOODWIN  
312 S.E. 17TH STREET, SECOND FLOOR  
FT LAUDERDALE, FL 33316 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: MGR ( ) Delete  
Name: VLEMINCKX, ALAIN  
Address: 312 S.E. 17TH STREET, SECOND FLOOR  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: MGR ( ) Delete  
Name: BINGHAM, CHARLES A  
Address: 316 CHARLESTON PLACE  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES:**

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: ALAIN VLEMINCKX

MGR

01/14/2005

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