2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
2005 MAY -6 PM 12: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000018586

1. Entity Name
I-DRIVE AMUSEMENTS, LLC

Principal Place of Business
20 N. ORANGE AVENUE, SUITE 1607
ORLANDO, FL 32801

Mailing Address
20 N. ORANGE AVENUE, SUITE 1607
ORLANDO, FL 32801

03172005 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
31-1820915
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAROLAN, J.P. III
390 N. ORANGE AVENUE, SUITE 1500
ORLANDO, FL 32801

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORGAN, JOHN
STREET ADDRESS	20 N ORANGE AVE #1600
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

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$50.00

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #