## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000047216**

1. Entity Name

THE MAGIC CARPET RIDE, LLC



FILED Feb 23, 2007 08:00 AM Secretary of State

Principal Place of Business

4140 YORKSHIRE DRIVE CHIPLEY, FL 32428 Mailing Address

4140 YORKSHIRE DRIVE CHIPLEY, FL 32428



01052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-8133131 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEADBEATER, DEXTER N 4140 YORKSHIRE DRIVE CHIPLEY, FL 32428

SIGNATURE: \

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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 famillar with, and accept the obligations of registered agent.		
SIGNATURE Deuter D. Kensulwatts Signature, typedrar printed reme of registered agent and title 4 applicable. (NOTE: Registered Agent agreeture required when renistating)  DATE		
Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEADBEATER, DEXTER N 4140 YORKSHIRE DRIVE CHIPLEY, FL 32428	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000645720
TITLE		03/05/07-80018-013 50.00
NAME STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE		1
NAME STREET ADDRESS		1
CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		

ESENTATIVE