



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000047216</b> 1. Entity Name <b>THE MAGIC CARPET RIDE, LLC</b>	
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Principal Place of Business <b>4140 YORKSHIRE DRIVE CHIPLEY, FL 32428</b>	Mailing Address <b>4140 YORKSHIRE DRIVE CHIPLEY, FL 32428</b>
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01312008No Chg-LLC	CR2E083 (12/07)
4. FEI Number <b>20-8133131</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>LEADBEATER, DEXTER N 4140 YORKSHIRE DRIVE CHIPLEY, FL 32428</b>
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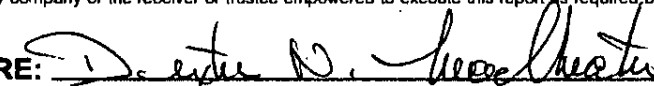
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>	DATE <b>2-13-08</b>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEADBEATER, DEXTER N 4140 YORKSHIRE DRIVE CHIPLEY, FL 32428
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<p>U00000827957 02/22/08-80010-019 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <b>2-13-08</b> <small>Date Daytime Phone #</small>