

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106974

Entity Name: FUN RIDE RENTALS, LLC

FILED
Jul 12, 2006
Secretary of State

Current Principal Place of Business:

625 COURT STREET SUITE 200
C/O J. MATTHEW MARQUARDT, MACFARLANE FERGUSON
CLEARWATER, FL 33756

New Principal Place of Business:

1443 FOREST ROAD
CLEARWATER, FL 33755

Current Mailing Address:

625 COURT STREET SUITE 200
C/O J. MATTHEW MARQUARDT, MACFARLANE FERGUSON
CLEARWATER, FL 33756

New Mailing Address:

1443 FOREST ROAD
CLEARWATER, FL 33755

FEI Number: 20-3728914 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:

MARQUARDT, J. MATTHEW
625 COURT STREET SUITE 200
CLEARWATER, FL 33756 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/MANAGERS:

Title: MGRM () Delete
Name: DEBERZZINAE, SANDRA ELAINE
Address: 625 COURT STREET SUITE 200
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DEBERZZINAE, SANDRA ELAINE
Address: 1443 FOREST ROAD
City-St-Zip: CLEARWATER, FL 33755

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: SANDRA DEBERZZINAE

MGRM

07/12/2006

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