

FILED
Mar 07, 2007 8:00 am
Secretary of State

01-17-2007 90047 007 ****55.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000097879			
1. Entity Name FREE RIDE ENTERPRISES, LLC			
Principal Place of Business 2801 SW COLLEGE RD., SUITE 9 OCALA, FL 34474		Mailing Address 2801 SW COLLEGE RD., SUITE 9 OCALA, FL 34474	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-5669881		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent MACKAY, DAVID L 2801 SW COLLEGE RD., SUITE 9 OCALA, FL 34474		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature must be printed name of registered agent and date if applicable (NOTE: Registered Agents signature is required when completing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER, MEMBER ☐ Delete DAVID L. MACKAY 2801 SW College Rd, Suite 9 OCALA, FL 34474	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGER, MEMBER ☐ Delete MARTHA MIDDLETON MACKAY 5050 SW 80th St. OCALA, FL 34476	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition		
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: <u>David Mackay Manager</u> 1/9/07 352/231-3800		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Delivery Phone	