

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101978

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: RIDES LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

638 NORTH MAIN STREET  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

638 NORTH MAIN STREET  
GAINESVILLE, FL 32601

**New Mailing Address:**

FEI Number: 20-5659521

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHIRALIPOUR, FRANKLIN CYRUS  
831 NW 22ND TERRACE  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

SHIRALIPOUR, FRANKLIN C  
831 NW 22ND TERRACE  
GAINESVILLE, FL 32605 US

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: FRANKLIN SHIRALIPOUR

01/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: MARVILLE, JASON  
Address: 5812 SW 170TH STREET  
City-St-Zip: ARCHER, FL 32618

Title: MGRM ( ) Delete  
Name: ISHIHARA, CHIZUKO  
Address: 307 W FOUNTAIN ST  
City-St-Zip: FRUITLAND PARK, FL 34731

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MARVILLE, JASON M  
Address: 5812 SW 170TH STREET  
City-St-Zip: ARCHER, FL 32618

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHIZUKO ISHIHARA

MGRM

01/13/2009

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