2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

DOCUMENT # L06000116126 1. Entity Name ORLANDO RIDES, LLC					04-02-2007 90	0432 034	****55	5.00
Principal Place								
1800 PEPPERIDGE DR ORLANDO, FL 32806 US ORLANDO, FL 32806 US			US					
5.12 mbs, 12 02000 00					n Buile Billi Gain Baill Baile i	((88) B 3 B (6)	KAIA KAIA A1	
Principal Place of Business - No P.O. Box # 3. Mailing Address								
Suite, Apt. #, etc. Pepperids Dr 1800 Pepperid			ridge Dr	1 100 11011	II OSKO OMI TEH EEKI EESI	***************************************		BEL HI 1891
Suite, Apt. #, etc. F Suite, Apt. #,			#, etc.		Chg-LLC	CR2E083	(12/06)	
City & State		City & State ORCANDO FL		4. FEI Numb	per			plied For t Applicable
ORUANDO FL Zip Country		Zip Country		5 Cartificate	e of Status Desired	\$:	5.00 Add	
32806	6. Name and Address of Current F		USA		d Address of New Reg	- Fe	e Require	d
Name					a Addition of New Ne	gistered Ag	JIII.	
MAGUIRE, CRAIG C 1800 PEPPERIDGE DR Street Address (per is Not Acceptable)			
ORLANDO, FL 32806								
			City				Zip Code	
9 The above	named antity submits this statement for	the purpose of changing its	'			FL	•	
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 CRAIC MAGUIRE Signature, typed or printed name of registered agent and title il applicable (NOTE Registered Agent signature required when reinstating) DATE								
THE DESIGNATION OF THE PROPERTY OF THE PROPERT								
Filing Fee is \$50.00 Due by May 1, 2007						check pay Departmen		,
9.	MANAGING MEMBER		10.		ADDITIONS/C			
TITLE NAME	MAGUIRE, CRAIG C	☐ Delete	TITLE NAME			L	Change	☐ Addition
STREET ADDRESS	1800 PEPPERIDGE DR		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO, FL 32806	☐ Delete	CITY-ST-ZIP				7 Change	☐ Addition
NAME		□ beiele	NAME			L	_ Change	Audilion
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY+ST-ZIP					
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STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	· · ·			Change	Addition
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CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	Mark the state of	☐ Delete	TITLE		***************************************		Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Delete	TITLE		****		Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			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.								
SIGNATURE:								
SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daysime Phone #								