2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# L07000110387

Entity Name: ANIMAL RIDES, LLC

Current Principal Place of Business:

3511 W. COMMERCIAL BOULEVARD
STE 100
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1087 NW 1 CT
HALLANDALE BEACH, FL 33009

Current Mailing Address:

3511 W. COMMERCIAL BOULEVARD
STE 100
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 26-1437189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PINHAS, DINA
3411 W. COMMERCIAL BOULEVARD
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

PINHAS, DINA
3511 W. COMMERCIAL BOULEVARD
FT. LAUDERDALE, FL 33309 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: DINA PINHAS 01/20/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: PINHAS, DINA
Address: 2395 NE 187 ST
City-St-Zip: MIAMI, FL 33180

Title: MGR ( ) Delete
Name: FELDMAN, ORIT
Address: 20300 W COUNTRY CLUB DR PH8
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: FELDMAN, ORIT
Address: 2135 NE 198 TERR
City-St-Zip: N MIAMI BEACH, FL 33179

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: DINA PINHAS MGR 01/20/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date