


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90273 032 \*\*\*\*50.00

<b>DOCUMENT # L99000007284</b>	
1. Entity Name <b>LET IT RIDE, L.C.</b>	

Principal Place of Business <b>5801 N CONGRESS AVE BOCA RATON, FL 33487</b>	Mailing Address <b>5801 N CONGRESS AVE BOCA RATON, FL 33487</b>
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**24017069**

2. Principal Place of Business <i>5801 Congress Avenue</i> Suite, Apt. #, etc.	3. Mailing Address <i>5801 Congress Avenue</i> Suite, Apt. #, etc.
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City & State <i>Boca Raton, FL</i>	City & State <i>Boca Raton, FL</i>
Zip <i>33487</i>	Zip <i>33487</i>
Country	Country

02192004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>65-0959445</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>MOMBACH, GEOFFREY S ESQ. MOMBACH, BOYLE &amp; HARDIN, P.A. 500 EAST BROWARD BLVD., SUITE 1950 FORT LAUDERDALE, FL 33394</b>	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, STEVE 5801 N CONGRESS AVE BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5801 Congress Avenue Boca Raton, FL 33487</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLF, ERIC 5801 N CONGRESS AVE BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5801 Congress Avenue Boca Raton, FL 33487</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIEMENS, RICHARD 5801 N CONGRESS AVE BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5801 Congress Avenue Boca Raton, FL 33487</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Steve Wolf* **Steve Wolf Managing Member** *3/6/04* *561-498-5600*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #