## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 22, 2008 8:00 am Secretary of State

NAME SIREE ADDRESS PO BOX 124 FREEPORT, IL 61032  IIILE MGR LENZ INNOVATION & INDUSTRIAL CO. PO BOX 778 WINTER PARK, FL 32789  IIILE NAME SIREE ADDRESS CITY-ST-ZIP  IIILE NAME SIREE AD	DOCUMENT # M0700005750  1. Entity Name SOAKER RIDES, LLC								01-22-2008	3 90125 O	45 ***138	3.75
Suite, Apt. #, etc.   Suite, Apt. #, etc.   City & State   City & State   A. FEI Number   26-0683669   Nex Application   2	4333 SILVER	R STAR ROAD		4333 SILVER STAR ROAD, STE. 115			:			Inii anii nain .		
City & State	2. Principal P	Place of Busine	ess - No P.O. Box #	3. Mailing Address								
Zop	Suite, Apt.	#, etc.	<del></del>	Suite, Apt. #, etc.				01152008	Chg-LLC	CR2E	083 (12/06)	
S. Name and Address of Current Registered Agent  S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name    Name	City & State	e		City & State							<u> </u>	
LENZ, MATTHEW A 333 SILVER STAR ROAD, STE. 115  ORLANDO, FL 32808  6. 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  SIGNATURE  THLE NOWIII FEE IS \$138.75  After May 1, 2008 Foe will be \$538.75  9. MANAGING MEMBERS/MANAGERS  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  10. ADDITIONS/CHANGE	Zip	Country		Zip	Coun	try					\$5.00 Add	litional
LENZ, MATTHEW A 4333 SILVER STAR ROAD, STE. 115  ORLANDO, FL 32808  E. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familier with, and acception of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$138.75  After May 1, 2008 Fee will be \$538.75  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  1		6. Name	and Address of Currer	nt Registered Agent				7. Name and	Address of New	Registered		
B. 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.    Comparison of registered agent and state it approaches.   (NOTE Registered Agent sprawer requeed when remetaling)   DATE	4333 SILV	ER STAR I					ddress (I	P.O. Box Number	is Not Acceptal	ble)		
THE NOW!!! FEE IS \$138.75 After May 1, 2008 Foo will be \$538.75  III.E  MGR DIDDENS ENTERPRISES, LLC PO BOX 174  FREEPORT, IL 61032  CITY-51-2P  III.E  MGR LENZ INNOVATION & INDUSTRIAL CO. SIREET ADDRESS CITY-51-2P  III.E  MAME LENZ INNOVATION & INDUSTRIAL CO. SIREET ADDRESS CITY-51-2P  III.E  MAME SIREET ADDRESS SIR						City				FL	Zip Cod	e
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  IIILE MGR DIDDENS ENTERPRISES, LLC DIDDENS ENTERPRISES, LLC SIREET ADDRESS CITY-ST-2IP Delete NAME  IIILE MGR DIDDENS ENTERPRISES, LLC SIREET ADDRESS CITY-ST-2IP DELETE ADDRESS CITY-ST-2IP DELETE ADDRESS CITY-ST-2IP ADDRESS CITY-ST-2IP DELETE ADDRESS CITY-ST-2IP DELETE ADDRESS CITY-ST-2IP DELETE ADDRESS CITY-ST-2IP STREET ADDRESS CITY-ST-2	the obligat	tions of registe	ered agent.						, in the State of		familiar with,	and accept
ITILE NAME OIDDENS ENTERPRISES, LLC OID Delete OIDDENS ENTERPRISES, LLC OID OF REEF ADDRESS OILY-ST-ZIP ORESS OILY-ST-ZI				75				<i>t</i> •				
NAME SIREE ADDRESS CITY-ST-ZIP FREEPORT, IL 61032  IIILE MGR LENZ INNOVATION & INDUSTRIAL CO. SIREE ADDRESS CITY-ST-ZIP  ODelete IIILE NAME SIREE ADDRESS CITY-ST-ZIP  IIILE NAME SIREE	9.		MANAGING MEM	BERS/MANAGERS	10.				ADDITION	S/CHANGES	3	. 6. "
NAME SIREEI ADDRESS CITY-ST-ZIP WINTER PARK, FL 32789  IIILE NAME SIREEI ADDRESS CITY-ST-ZIP  IIILE NAME SIREEI ADDRESS	NAME STREET ADDRESS	DIDDENS PO BOX 1:	24		NAMI STRE	ET ADDRESS					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	LENZ INNO	78		NAM Stre	ET ADDRESS	1000	O GREEN	IS AVE.	32804	•	Addition
NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS	NAME STREET ADDRESS		-	☐ Dele	NAMI STRE	ET ADDRESS	<i>D</i> ,	,,,,,				Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP  TITLE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	NAME STREET AODRESS			□ Dele	NAM Stre	ET ADDRESS					Change	Addition
NAME SIREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS			□ Dele	NAM Stre	ET ADDRESS	-				☐ Change	☐ Addition
11. Thereby 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	NAME STREET ADDRESS CITY-ST-ZIP	cedify that the	information supplied w		NAM STRE CITY	ET ADDRESS - ST - ZIP	ontained:	in Chanter 110	Sorida Statutas	I further positi		Addition