2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 Al
Secretary of State

DOCH	MENT	#1	0300	0.030	1616
1 21 21 .1 11	W-1N 1		1 /. 11 // /	11.71.74.71	11) { ()

1. Entity Name
CORNER STONE CYCLES, LLC



Principal Place of Business

2885 ELECTRONICS DR C-5 MELBOURNE, FL 32935 Mailing Address

1342 HIDEAWAY LN. ROCKLEDGE, FL 32955



DO NOT WRITE IN THIS SPACE

01182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 51-0476598

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARTURA, CHRISTOPHER 1811 GULF COURT INDIANLANTIC, FL 32980

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARTURA, CHRISTOPHER 1811 GULF COURT INDIANLANTIC, FL 32980		U00000551299 05/13/06-80093-023 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

10/06 321 242 -0404

Daytima Phone #