

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111127

FILED
Jul 09, 2007
Secretary of State

Entity Name: NAPLES MOTORCYCLE RIDING SCHOOL, LLC

Current Principal Place of Business:

1490 NOTTINGHAM DRIVE
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

1490 NOTTINGHAM DRIVE
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 20-3847151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEFKOW, BROOKE M
Address: 1490 NOTTINGHAM DRIVE
City-St-Zip: NAPLES, FL 34109 US

Title: MGRM () Delete
Name: LEFKOW, LISA B
Address: 1490 NOTTINGHAM DRIVE
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES:

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

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

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: BROOKE LEFKOW

MGRM

07/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date