2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2004
Secretary of State

DOCUMENT# L02000030396

Entity Name: TWO WHEEL ADVENTURES, LLC

Current Principal Place of Business:

15248 S. TAMIAMI TRAIL
SUITE 150
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15248 S. TAMIAMI TRAIL
SUITE 150
FT MYERS, FL 33908

New Mailing Address:

FEI Number: 14-1853129 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, RYAN
15248 S. TAMIAMI TRAIL
SUITE 150
FT. MYERS, FL 33908

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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	THOMAS, RYAN N	
Address:	904 EL DORADO PARKWAY	
City-St-Zip:	CAPE CORAL, FL 33914	
Title:	MGRM	( ) Delete
Name:	THOMAS, KIP W	
Address:	12077 N. COUNTRY CLUB DR.	
City-St-Zip:	CHARLEVOIX, MI 49720	

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 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 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: KIP W. THOMAS MGRM 01/26/2004

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