

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030396

FILED
Apr 17, 2006
Secretary of State

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 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: 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 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: KIP W. THOMAS

MGRM

04/17/2006

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