

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035073

FILED
Jun 05, 2006
Secretary of State

Entity Name: SPRINGFIELD CUSTOM CYCLES, LLC

Current Principal Place of Business:

1554 N. MAIN STREET
STE. 2
JACKSONVILLE, FL 32206 US

New Principal Place of Business:

6047 ST AUGUSTINE RD
STE. 185
JACKSONVILLE, FL 32217 US

Current Mailing Address:

1231 N. LAURA STREET
SPRINGFIELD HISTORIC DISTRICT
JACKSONVILLE, FL 32206 US

New Mailing Address:

1646 DAVIDSON ST
JACKSONVILLE, FL 32207 US

FEI Number: 02-0683958 **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:

O'STEEN, JAMES R
1231 N. LAURA ST
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

O'STEEN, JAMES R
1646 DAVIDSON ST
JACKSONVILLE, FL 32207 US

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:

06/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'STEEN, JAMES R
Address: 1231 N. LAURA STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: O'STEEN, JAMES R
Address: 1646 DAVIDSON ST
City-St-Zip: JACKSONVILLE, FL 32207 US

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: JAMES R. O'STEEN

MGRM

06/05/2006

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