2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L03000001937 1. Entity Name

XTREME CYCLES OF SARASOTA, LLC

Principal Place of Business

SARASOTA, FL 34234 US

1900 N. WASHINGTON BLVD.

Mailing Address

1900 N. WASHINGTON BLVD. SARASOTA, FL 34234 US

FILED Jul 05, 2005 8:00 am **Secretary of State**

07-05-2005 90095 013 ****50.00



DO NOT WRITE IN THIS SPACE

06292005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 71-0927027

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PREWETT, DANIEL L 5777 BENEVA ROAD SOUTH SARASOTA, FL 34233

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | |
|---|---------------------------|-------------------|---|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) DATE | | | | |
| | | (NOTE: Hagistered | Agent signstore required when real statung) | DAIL |
| Filing Fee is \$50.00 Due by September 7, 2005 | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | *** *** ****************************** |
| TITLE | MGR | | | |
| NAME | AULITA, DAVID S | | | |
| STREET ADDRESS | 6226 28TH AVE EAST | | | |
| CITY-ST-ZIP | BRADENTON, FL 34208 | | | |
| TITLE | | | | |
| NAME | | | | |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | • |
| TITLE | | | | |
| NAME | | | | |
| STREET ADDRESS | | | אר סס | OT WRITE |
| CITY-ST-ZIP | | | DO 140 | /: ** ****** |
| TITLE | | | I IN THI | S SPACE |
| NAME | | | ! | O O. AOL |
| STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | | |
| TITLE | | | | |

11. I hereby certify that the information supplied with this filing does not qualify 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 signature that 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 yustee empowered to effect this report as required by Chapter 608, Florida Statutes.

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