


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90121 030 ****55.00

DOCUMENT # L03000011079					
1. Entity Name ROADRIDER LLC					
Principal Place of Business 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460			Mailing Address 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460		
2. Principal Place of Business		3. Mailing Address P.O. Box 223113			
Suite, Apt. #, etc. 500 Executive Dr.		Suite, Apt. #, etc.			
City & State West Palm Bch, FL		City & State West Palm Beach, FL		4. FEI Number 48-1307358	
Zip 33401		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PAXMAN, JOHN T ESQ JOHN T. PAXMAN, P.A. 1832 NORTH DIXIE HIGHWAY LAKE WORTH, FL 33460			7. Name and Address of New Registered Agent Name: <u>Jon Greenberg</u> Street Address (P.O. Box Number is Not Acceptable): 500 Executive Ctr. Dr. City: <u>West Palm Bch</u> FL Zip Code: <u>33401</u>		
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: <u>[Signature]</u> <u>JOHN GREENBERG Managing Member</u> DATE: <u>1/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Greenberg, Jon</u> <u>500 Executive Dr.</u> <u>West Palm Bch, FL 33401</u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: <u>[Signature]</u> <u>JOHN GREENBERG Managing Member</u> <u>1/19/04</u> <u>(606) 615-3750</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					