


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90015 038 \*\*\*\*50.00

<b>DOCUMENT # L03000011079</b>	
1. Entity Name <b>ROADRIDER LLC</b>	

Principal Place of Business <b>500 EXECUTIVE DR. WEST PALM BEACH, FL 33401</b>	Mailing Address <b>P.O. BOX 223113 WEST PALM BEACH, FL 33422</b>
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2. Principal Place of Business Suite, Apt. #, etc. <b>P.O. Box 223113</b>	3. Mailing Address Suite, Apt. #, etc. <b>P.O. Box 223113</b>
City & State <b>West Palm Bch, FL</b>	City & State <b>West Palm Bch, FL</b>
Zip <b>33422</b>	Country <b>USA</b>



01092006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>48-1307358</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>GREENBERG, JON 500 EXECUTIVE CTR. DR. WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>Jennifer R. Christiansen</b> Street Address (P.O. Box Number is Not Acceptable) <b>11420 US Hwy 90E # 147</b> City <b>NORTH Palm Bch</b> FL Zip Code <b>33408</b>

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 *J. Christiansen* (NOTE: Registered Agent signature required when reinstating) DATE 1/9/06

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GREENBERG, JON PO BOX 223116 WEST PALM BEACH, FL 33422</b> <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 exemptions contained in Chapter 119, 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:** *J. Christiansen* **1/9/06** **561-827-1507**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #