2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

FILED Jan 25, 2007 08:00 AN DOCUMENT # L03000020830 1. Entity Name **Secretary of State** LOUCOMOTIONS HARLEYWORKS LLC Mailing Address Principal Place of Business 12074 159TH CT, N. 12074 159TH CT, N. JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business - No PO, Box # Mailing Address Suito. Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 81-0618528 Not Applicable \$5.00 Additional Zio Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALBIN, LOUIS Street Address (P.O. Box Number is Not Acceptable) 12074 159TH CT. N. JUPITER FL 33478 Zip Code 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. Septeture, typed or protect name of registered egent and title if applicable DATE (NOTE: Registered Apent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition ☐ Change HIE 31331 MGR Defete NAM NAM ALBIN, LOUIS STREET ADDRESS STREET ADDRESS 12074 159TH CT, N. CHY SE 782 CHY SI 789 JUPITER FL 33478 ☐ Change Addition Defete m HILE NAME NAMI *U0000060*3402 STREET ADDRESS STRUET ADDRESS 01/29/07-80012-005 50.00 ON SLZP CITY SE-ZIP ☐ Change Addition 33116 HLE ☐ Delete NAM MANE STREET ADDRESS STREET ADDRESS CER SE ZE CHY SI 78° ☐ Delete HILE Change Addition Ш NAME SHILLLADDRESS STREET ADDRESS CHY SE ZIP CHY-SE ZIP IIII Delete HH Change ☐ Addition NAME MAM SERLE | ADDRESS STREET ADDRESS CHY-SI ZP CHY ST ZIP Change T Addition Delete BBE HHIF MAME NAME STREET ADDRESS STREET LADORESS CHY-SI-78 CHY-SI 78 11. I horoby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Davime Phone #

Date