

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

06-25-2004 90058 002 ****50.00

6/25/2

DOCUMENT # L03000022368 1. Entity Name THE ULTIMATE BICYCLE DISTRIBUTION COMPANY, LLC					
Principal Place of Business 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134			Mailing Address 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134		
2. Principal Place of Business 7300 Bird Road			3. Mailing Address 7300 Bird Road		
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc. Suite 200		
City & State Miami, FL			City & State Miami, FL		
Zip 33155		Country USA		4. FEI Number 06212004 Chg-LLC CR2E083 (10/03)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LESTER, PAUL A 201-ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Jose Siman 7300 Bird Road Suite 200 Miami, FL 33155 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:			Jose Siman, Manager 305-264-8888		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

Attachment

34009211
103000022368

THE ULTIMATE BICYCLE DISTRIBUTION COMPANY, LLC

7300 Bird Road, Suite 200

Miami, Florida 33155

Telephone: 305-264-8888

Fax: 305-264-9994

June 21, 2004

Department of State

~~Division of Corporations~~

~~2670 Executive Center Circle~~

Suite 100

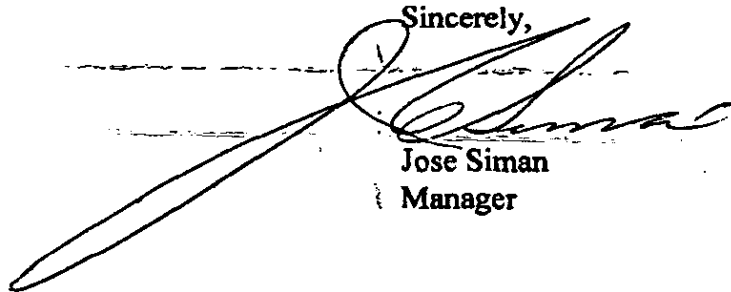
Tallahassee, FL 32301

Gentlemen:

Please be advised that our office did not receive the annual report for The Ultimate Bicycle Distribution Company, LLC, or any other notification from the Secretary of State, as our principal address is incorrectly listed in your records. Attached is the Application for Reinstatement together with our check in the sum of \$50.00, representing the annual fees.

Thanking you for your cooperation concerning this matter and if you have any questions, please call us at 305-264-8888.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read 'Jose Siman', is written over a horizontal line.

Jose Siman
Manager