## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000011286

1. Entity Name

WEST BROWARD BICYCLE CENTER, LLC

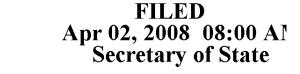
Principal Place of Business

13610 STATE RD 84

**DAVIE, FL 33325** 

Maiting Address

13610 STATE RD 84 DAVIE, FL 33325





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4 FEI Number

CR2E083 (12/07)

4. FEI Number 20-0847207

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARDO, JOSE A 13610 STATE ROAD 84 DAVIE, FL 33325

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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 signature required when reinstating)

ATE

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAZZARI, LUIS F 13610 ST RD 84 DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRA PARDO, JOSE A 13610 ST RD 84 DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - S1 - ZIP	

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Date

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:

part

JOSE A PARDO

(954)424-9394

Daytime Phone #