

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017897

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: PRIME PEDAL KARTS, LLC

## Current Principal Place of Business:

3359 COPTER ROAD  
#4  
PENSACOLA, FL 32514

## New Principal Place of Business:

3359 COPTER ROAD  
#4  
PENSACOLA, FL 32514 US

## Current Mailing Address:

3359 COPTER ROAD  
#4  
PENSACOLA, FL 32514

## New Mailing Address:

3359 COPTER ROAD  
#4  
PENSACOLA, FL 32514 US

FEI Number: 20-0906074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

FISHER, RONALD  
3359 COPTER ROAD  
#4  
PENSACOLA, FL 32514 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FISHER, RONALD G  
Address: 3359 COPTER ROAD SUITE #4  
City-St-Zip: PENSACOLA, FL 32514

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FISHER, RONALD G  
Address: 3359 COPTER ROAD SUITE #4  
City-St-Zip: PENSACOLA, FL 32514 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RONALD G. FISHER

MGR

07/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date