

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90027 030 \*\*\*\*55.00

<b>DOCUMENT # L04000024369</b>					
<b>1. Entity Name</b> DUVAL COUNTY CYCLES, L.L.C.					
<b>Principal Place of Business</b> 9715 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257-5435			<b>Mailing Address</b> 9715 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257-5435		
<b>2. Principal Place of Business</b> N/A		<b>3. Mailing Address</b> N/A			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152005    Chg-LLC    CR2E083 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 13-4277362	
Zip		Country		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GIDDENS, JAMES A 1589 ROYAL FERN LANE ORANGE PARK, FL 32003			<b>7. Name and Address of New Registered Agent</b> Name: N/A Street Address (P.O. Box Number is Not Acceptable): City: FL    Zip Code:		
<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.</b> SIGNATURE: N/A    DATE:					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete			TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR. James A. Giddens 1589 Royal Fern Lane Orange Park, FL 32003		
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		
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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<b>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.</b>					
<b>SIGNATURE:</b> James A. Giddens    James A. Giddens    4/15/05 (904) 886-2250					