## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Mar 05, 2007 08:00 A Secretary of State DOCUMENT # L04000028892 1. Entity Namo WHEELER CYCLES, LLC Principal Place of Business Mailing Address 2281 U.S. HIGHWAY 441-27 2281 U.S. HIGHWAY 441-27 FRUITLAND PARK FL 34731 FRUITLAND PARK FL 34731 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, otc Suito, Apt. #, otc 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 56-2457126 Not Applicable Ζιp Country Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RHODES, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 2281 U.S. HIGHWAY 441-27 FRUITLAND PARK FL 34731 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent Signature, typed or printed name of registered agent and title 4 applicable (NOTE: Registered Agen) signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9, MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES IBIE MGR Delete TRIE Addition ☐ Change NAME NAME RHODES, ROBERT D U00000656192 03/14/07-80016-001 50.00 STREET ADDRESS STREET ADDRESS 2281 U.S. HIGHWAY 441-27 CITY+ST-ZIP CHTY-ST-ZIP FRUITLAND PARK FL 34731 HILE Delete IIIŒ ☐ Change MGR Addition NAME RHODES, SARA NAME STREET ADDRESS STREET ADDRESS 2281 U.S. HIGHWAY 441-27 CITY+ST-ZIP CITY-S1-ZIP FRUITLAND PARK FL 34731 mu ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HHE Addition ☐ Defete TITLE Change NAMI: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delelc TITLE TITLE ☐ Change Addition NAME NAME STRULT ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-7IP HILE. Delete mu: ☐ Change Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

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IGNATURE: ALL BLUE BOS ENT BREAKE 2-270 7 362-874-1978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylory Proper 4

I heroby certify that the information supplied with this filing 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.