2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Apr 22, 2008 8:00 am Secretary of State DOCUMENT # L04000050153 1. Entity Name 04-22-2008 90096 001 ***138.75 CUSTOM SPORTBIKE CONCEPTS, L.L.C. Principal Place of Business Mailing Address 184 S. DILLARD ST WINTER GARDEN FL 34787 184 S. DILLARD ST WINTER GARDEN FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 711 REGINA CIRCLE 1226 WINTER GARDEN Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) VINELAND City & State 4. FEI Number Applied For 20-1339186 PAKLAND florida Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGLADA, STEPHANE N 1019 W COLONIAL DR Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 Zip Code 8. The above named entity submits this statement for the pyrpose 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 or.n'ed nan a or registered agent and title (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE MGRM Change Delete TITLE ☐ Addition ANGLADA, STEPHANE N ANGLADA, STEPHANE N NAME THE REGINA CIRCLE STREET ADDRESS 1019 W COLONIAL DR STREET ADDRESS ORLANDO FL 32804 OAKLAND FL 34787 CITY-ST-ZIP CITY-ST-ZiP TITLE MERM Change ☐ Delete TITLE Addition ANGLADA, BRENDA BEI TIL RECINA CIRCLE NAME ANGLADA, BRENDA A NAME STREET ADDRESS 1019 W COLONIAL DR STREET ADDRESS CITY-ST-ZIF ORLANDO FL 32804 CITY+ST-7!P DAKLAND FL 34787 THE TITLE MGRM **X** Delete Change Addition NAME NAME WINGERT, BARRY STREET ADDRESS STREET ADDRESS 711 REGINA CIRCLE CITY-ST-ZIP OAKLAND FL 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delate TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby 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 care legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trusted employed of the execute his poor as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGINA MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED