


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000050885 1. Entity Name GULF COAST CYCLE USA, LLC	
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Principal Place of Business 28951 TRAILS EDGE BLVD. BONITA SPRINGS, FL 34134	Mailing Address C/O MARK C. WOLCOTT 1283 GRAND CANAL NAPLES, FL 34110
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DO NOT WRITE IN THIS SPACE



01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1342237	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATE REGISTERED AGENT, LLC 5147 CASTELLO DRIVE NAPLES, FL 34103

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLCOTT, MARK C 1283 GRAND CANAL NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZACHMANN, KATHLEEN 1283 GRAND CANAL NAPLES, FL 34110
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03/23/06-80016-007 50.00

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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: K. Zachmann 3/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #