

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008680

Entity Name: THUG CUSTOM CYCLES, LLC

FILED  
Jan 06, 2006  
Secretary of State

**Current Principal Place of Business:**

4801 SOUTH UNIVERSITY DRIVE, #119A  
DAVIE, FL 33328

**New Principal Place of Business:**

345 A SOUTH STATE RD.7  
PLANTATION, FL 33317

**Current Mailing Address:**

4801 SOUTH UNIVERSITY DRIVE, #119A  
DAVIE, FL 33328

**New Mailing Address:**

345 A SOUTH STATE RD.7  
PLANTATION, FL 33317

FEI Number: 11-3741918

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LAVENDER, JOEL R ESQ  
507 S.E. 11TH COURT  
FORT LAUDERDALE, FL 33316 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: MGRM ( ) Delete  
Name: IRIZARRY, BERNARD  
Address: 4801 SOUTH UNIVERSITY DRIVE, #119A  
City-St-Zip: DAVIE, FL 33328

Title: MGRM ( ) Delete  
Name: KELLER, THOMAS  
Address: 4801 SOUTH UNIVERSITY DRIVE, #119A  
City-St-Zip: DAVIE, FL 33328

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: BERNIE IRIZARRY

MGR

01/06/2006

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