

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009174

Entity Name: EWD CYCLES L.L.C.

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

13211 N NEBRASKA AVE SUITE F  
TAMPA, FL 33612

**New Principal Place of Business:**

**Current Mailing Address:**

13211 N NEBRASKA AVE SUITE F  
TAMPA, FL 33612

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WARREN, ERIC  
14815 N FLORIDA AVE  
TAMPA, FL 33613 US

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

WARREN, KURT  
13211 NORTH NEBRASKA AVE  
TAMPA, FL 33612 US

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: KURT WARREN

04/30/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WARREN, ERIC  
Address: 13211 N FLORIDA AVE SUITE F  
City-St-Zip: TAMPA, FL 33612

Title: MGR ( ) Delete  
Name: WARREN, KURT  
Address: 13211 N FLORIDA AVE SUITE F  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WARREN, KURT  
Address: 13211 N FLORIDA AVE SUITE F  
City-St-Zip: TAMPA, FL 33612

Title: MGR (X) Change ( ) Addition  
Name: WARREN, ERIC  
Address: 13211 N FLORIDA AVE SUITE F  
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify 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: KURT WARREN

MGR

04/30/2007

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