


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
5. Jun 19, 2006 8:00 am
Secretary of State

05-09-2006 90011 030 ****50.00

DOCUMENT # L05000021703

1. Entity Name
POOL BIKE MONTE CARLO, LLC



Principal Place of Business
**4051 NORTH OCEAN DRIVE
 FL LAUDERDALE FL 33308**

Mailing Address
**4051 NORTH OCEAN DRIVE
 FL LAUDERDALE FL 33308**

2. Principal Place of Business
4051 North Ocean Dr
 Suite, Apt., #, etc.
No 5

3. Mailing Address
4051 North Ocean Drive
 Suite, Apt., #, etc.
No 5

City & State
FT LAUDERDALE (FL)

City & State
FT LAUDERDALE (FL)

Zip
33308

Country
USA



1st MOORE CR2E083 (10/05)

4. FEL Number
22-3933009

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BOURGOIGNIE, P. TRISTAN
 1200 ANASTASIA AVE
 410
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name
ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)
4051 North Ocean Drive

City
FT LAUDERDALE

State
FL

Zip Code
33308

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 transferring)

DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	GALASSO, LYDIE	4051 NORTH OCEAN DRIVE, #6	FT LAUDERDALE FL 33308 33308	<input type="checkbox"/>
	M. ALVAREZ petite	4051 North Ocean Drive	FL LAUDERDALE (FL)	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

06/27/2006
 9449680318