2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000025246

1. Entity Name
PATRICK JAMES ECYCLE, LLC

Principal Place of Business	Mailing Address
11 BENTWOOD RD PALM BEACH GARDENS, FL 33418	PO BOX 13854 FT PIERCE, FL 33979

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

04062006   Chg-LLC   CR2E083 (11/05)

4. FEI Number   *20-2552518*   ☐ Applied For   ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCLUNG, MICHAEL M 11 BENTWOOD RD PALM BEACH GARDENS, FL 33418	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	☐ Change ☐ Addition
NAME	MCCLUNG, MICHAEL M	NAME	
STREET ADDRESS	11 BENTWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418 ☐ Delete	CITY-ST-ZIP	
TITLE	MGR	TITLE	☐ Change ☐ Addition
NAME	MCCLUNG, LISA M	NAME	
STREET ADDRESS	11 BENTWOOD RD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418 ☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	☐ Delete	CITY-ST-ZIP	

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: *Lisa Marie McClung*   Lisa Marie McClung   4/6/06   561-722-3773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #