

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025246

FILED
Mar 13, 2009
Secretary of State

Entity Name: PATRICK JAMES ECYCLE, LLC

Current Principal Place of Business:

11 BENTWOOD RD
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

16000 ORANGE AVENUE
FORT PIERCE, FL 34945

Current Mailing Address:

PO BOX 13854
FT PIERCE, FL 33979

New Mailing Address:

FEI Number: 20-2552518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLUNG, MICHAEL M
11 BENTWOOD RD
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

MCCLUNG, MICHAEL M
61 NW BOUNDARY DRIVE
PORT ST. LUCIE, FL 34986 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:

03/13/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MCCLUNG, MICHAEL M
Address: 11 BENTWOOD RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGR () Delete
Name: MCCLUNG, LISA M
Address: 11 BENTWOOD RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCCLUNG, MICHAEL M
Address: 61 NW BOUNDARY DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGR (X) Change () Addition
Name: MCCLUNG, LISA M
Address: 61 NW BOUNDARY DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: MICHAEL M. MCCLUNG

MNG

03/13/2009

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