


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

01-26-2006 90069 014 ****55.00

DOCUMENT # L05000035857																																										
1. Entity Name BOBBY G'S MOTORCYCLE TRANSPORT LLC																																										
Principal Place of Business 4408 OAK RIVER CIRCLE VALRICO, FL 33594 US		Mailing Address 4408 OAK RIVER CIRCLE VALRICO, FL 33594 US																																								
SAME AS ABOVE																																										
2. Principal Place of Business 4408 OAK RIVER CIRCLE		3. Mailing Address S/A																																								
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																								
City & State VALRICO FL		City & State S/A																																								
Zip 33594	Country HILLS	Zip S/A	Country																																							
4. FEI Number N/A		Applied For <input type="checkbox"/> Not Applicable																																								
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of New Registered Agent																																								
Name N/A		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 <i>Robert M. Gardner</i>		DATE 16 Feb 06																																								
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																																								
<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>Robert M Gardner 4408 OAK RIVER CIRCLE VALRICO FL 33594</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Robert M Gardner 4408 OAK RIVER CIRCLE VALRICO FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Delete	<table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-STATE-ZIP</td> <td>N/A</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	N/A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert M. Gardner</i>		Date: 20 Jan 06 1813 545-7213																																								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date																																								

Robert M. Gardner



ATTACHMENT

30002167

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2006

BOBBY G'S MOTORCYCLE TRANSPORT LLC
4408 OAK RIVER CIRCLE
VALRICO, FL 33594 US

Subject: **BOBBY G'S MOTORCYCLE TRANSPORT LLC**

Reference Number: **L05000035857**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/MH
ANNUAL REPORTS SECTION



ATTACHMENT

30002167

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 31, 2006

BOBBY G'S MOTORCYCLE TRANSPORT LLC
4408 OAK RIVER CIRCLE
VALRICO, FL 33594 US

Subject: **BOBBY G'S MOTORCYCLE TRANSPORT LLC**

Reference Number: **05000035857**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

List the complete title, name, street address, city, state and zip code of each manager, managing member or principal of the limited liability company.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

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P.O. BOX 6478 - Tallahassee, Florida 32314