2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000035857

1. Entity Name

BOBBY G'S MOTORCYCLE TRANSPORT LLC



FILED Jan 07, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

4408 OAK RIVER CIRCLE VALRICO, FL 33594 US 4408 OAK RIVER CIRCLE VALRICO, FL 33594 US



DO NOT WRITE IN THIS SPACE

01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GARDNER, ROBERT M 4408 OAK RIVER CIRCLE VALRICO, FL 33594

DO NOT WRITE IN THIS SPACE

VALRICO,	FL 33594	IN THIS SPACE		
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 Robust Management of 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 Robust Management of 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM GARSNER, ROBERT M 1408 OAK RIDGE CIRCLE VALRICO, FL 33594	01/ 07/08 -80016-007 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
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TITLE NAME STREET ADDRESS				

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.

SIGNAT	URE: _	15

RE: // J. A. MATURE AND TYPED OR PRINTED NAME OF SIGNOW MANAGING SEPTEMENT OR AUTHORIZED REPRESENTATIVE

5 JAN 48

1-813-545-7213

Daytime Phone #