


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 29 PM 2: 55

DOCUMENT # L05000037853 1. Entity Name CHARLOTTE CUSTOM CYCLES, LLC	
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Principal Place of Business 2224 EL JOBEAN PORT CHARLOTTE, FL 33948 US	Mailing Address 2224 EL JOBEAN PORT CHARLOTTE, FL 33948 US
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3214123	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, WARREN R
 990 W. MARION AVENUE
 201
 PUNTA GORDA, FL 33950

DO NOT WRITE
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 _____ DATE _____
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. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINARD, ARMAND 2224 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINARD, IRENE 2224 EL JOBEAN ROAD PORT CHARLOTTE, FL 33948
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 05/14/08--01008--003 **288.75

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: Irene Pinard IRENE PINARD 4-10-08 941-883-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

4/30 aw