

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111499

FILED  
Aug 22, 2006  
Secretary of State

**Entity Name:** THE K-6 TRAILRIDERS, LLC

**Current Principal Place of Business:**

90 CONWAY LANE  
LONDON,CANADA,N6E3K1, ON CANADA

**New Principal Place of Business:**

90 CONWAY LANE  
LONDON,CANADA,N6E3K1, ON CANADA OC

**Current Mailing Address:**

C/O MOHAMMAD HAYAT  
116-8901 WOODBINE AVENUE  
MARKHAM, ONTARIO, CANADA

**New Mailing Address:**

C/O MOHAMMAD HAYAT  
116-8901 WOODBINE AVENUE  
MARKHAM, ONTARIO L3R9Y4, OC CANADA OC

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KHAN, NAEEM  
12620 S. HWY 464  
OCKLAWAHA, FL 32179 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KHAN, NISSAR  
Address: 90 CONWAY LANE  
City-St-Zip: LONDON,ONTARIO,CANADA, ON N6E3K1

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KHAN, NISSAR  
Address: 90 CONWAY LANE  
City-St-Zip: LONDON,ONTARIO,CANADA, ON N6E3K1 OC

I hereby certify that the information supplied with this filing does not qualify for the 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: NISSAR KHAN

MGR

08/22/2006

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