

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000015731

FILED  
Jul 27, 2007  
Secretary of State

Entity Name: CUSTOM CYCLE LIGHTS LLC

**Current Principal Place of Business:**

514 MCINTOSH ROAD  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

5988 CEDAR LAKE DR  
COCOA, FL 32927 US

**Current Mailing Address:**

514 MCINTOSH ROAD  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

5988 CEDAR LAKE DR  
COCOA, FL 32927 US

FEI Number: 20-4108179      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

LAZZERI, CARL  
5988 CEDAR LAKE DRIVE  
COCOA, FL 32927 US

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

LAZZERI, CARL L  
5988 CEDAR LAKE DRIVE  
COCOA, FL 32927 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: CARL L LAZZERI

07/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LAZZERI, CARL  
Address: 5988 CEDAR LAKE DRIVE  
City-St-Zip: COCOA, FL 32927 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAZZERI, CARL L  
Address: 5988 CEDAR LAKE DRIVE  
City-St-Zip: COCOA, FL 32927 US

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: CARL L LAZZERI

PRES

07/27/2007

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