
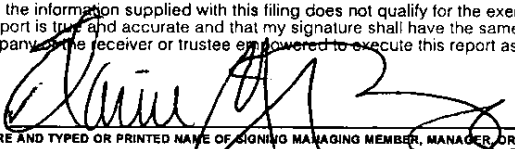


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90262 020 \*\*\*138.75

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| <b>DOCUMENT # L06000065417</b><br>1. Entity Name<br><b>FASTRACK BICYCLE &amp; RUN LLC</b>  |   |  |   |  |   |
| Principal Place of Business<br><b>1530 DOLPHIN ST.<br/>#1<br/>SARASOTA, FL 34236</b>   |   |  | Mailing Address<br><b>1530 DOLPHIN ST.<br/>#1<br/>SARASOTA, FL 34236</b>  |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country   |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country  |   |   |
| 4. FEI Number<br><b>20-5103825</b>   |   |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  | <b>\$5.00 Additional Fee Required</b>   |   |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>PERANGELO, ELAINE M<br/>1530 DOLPHIN ST.<br/>#1<br/>SARASOTA, FL 34236</b>  |   |  | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |  |   |   |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>PERANGELO, ELAINE<br>3220 RIVIERA DRIVE<br>SARASOTA, FL 34232 | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ANGUS, JULIAN JR.<br>6829 JARVIS ROAD<br>SARASOTA, FL 34241   | <input checked="" type="checkbox"/> Delete                   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete                              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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, the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |   |   |   |
| <b>SIGNATURE:</b>  <b>President/CEO 3/28/08</b> (941) 955-2453<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |   |   |   |