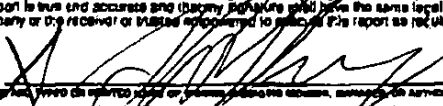


FILED
Feb 14, 2007 8:00 am
Secretary of State

01-18-2007 90015 007 ****55.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000078530			
1. Entity Name MAKES AND MODELS CYCLE LIFE, LLC			
Principal Place of Business 16102 N FLORIDA AVE LUTZ, FL 33549		Mailing Address 16102 N FLORIDA AVE LUTZ, FL 33549	
2. Principal Place of Business - No P.O. Box		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01032007 Chg-LLC CR2ED83 (12/08)		4. FEI Number 20-841628 ☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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, for transfer with, and except the obligations of registered agents. Signature: <u>Peter F. Souza</u> Assistant Secretary <u>1/3/07</u> (Signature, name or name of agent of registered agent and his or her business) (Printed Name of Registered Agent (Signature required when transferring)) DATE			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
A. MANAGING MEMBERS/MANAGERS		B. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MGR BALLINGER, SAMUEL W 16824 NOTTING HILL DRIVE LUTZ, FL 33549	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
9. 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 provided on this report is true and accurate and (if any) 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 make this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <u></u> <u>1/6/07</u> <u>813-963-3400</u>			