

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104521

Entity Name: SOUTH BEACH CYCLES, LLC

FILED
Mar 25, 2007
Secretary of State

Current Principal Place of Business:

215 6TH STREET
MIAMI BEACH, FL 33139

New Principal Place of Business:

2745-B COLLINS AVE.
MIAMI BEACH, FL 33140

Current Mailing Address:

215 6TH STREET
MIAMI BEACH, FL 33139

New Mailing Address:

2745-B COLLINS AVE.
MIAMI BEACH, FL 33140

FEI Number: 20-5803417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL, FLYNN
215 6TH STREET
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

HANKINS, PHYLLIS S
2745-B COLLINS AVE.
MIAMI BEACH, FL 33140 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: PHYLLIS S. HANKINS

03/25/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLYNN, MICHAEL
Address: 215 6TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HANKINS, PHYLLIS S
Address: 2745-B COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGR () Change (X) Addition
Name: HANKINS, L F
Address: 2745-B COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

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: PHYLLIS S. HANKINS

MGRM

03/25/2007

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