

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012477

FILED
Apr 15, 2008
Secretary of State

Entity Name: TWO WHEELED DREAMS, LLC

Current Principal Place of Business:

4826 REGAL DRIVE
BONITA SPRINGS, FL 34134

New Principal Place of Business:

3388 FOWLER STREET
FT. MYERS, FL 33901

Current Mailing Address:

4826 REGAL DRIVE
BONITA SPRINGS, FL 34134

New Mailing Address:

3388 FOWLER STREET
FT. MYERS, FL 33901

FEI Number: 20-8586576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAHN, DOUGLAS J
4826 REGAL DRIVE
BONITA SPRINGS, FL 34134 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: MGR () Delete
Name: CAHN, DOUGLAS J
Address: 4826 REGAL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGR () Delete
Name: HAY, THOMAS
Address: 4826 REGAL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: C () Delete
Name: CAHN, DOUGLAS
Address: 4826 REGAL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: HAY, THOMAS
Address: 4826 REGAL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: CAHN, WALTER
Address: 4826 REGAL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: SUTER, KIM
Address: 4826 REGAL DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DOUGLAS J. CAHN

MGR

04/15/2008

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