


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90174 035 ***138.75

DOCUMENT # L07000056665 1. Entity Name RYOKOO MOTORS, LLC.					
Principal Place of Business 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180			Mailing Address 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box # 8285 NW 64 St		3. Mailing Address 8285 NW 64 St			
Suite, Apt. #, etc. #3		Suite, Apt. #, etc. #3			
City & State Miami, FL		City & State Miami, FL		4. FEI Number 26-0263533	
Zip 33166		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROTH, LEONARDO A ESQ. ROTH, ROUSSO & KATSMAN, LLP 18851 NE 29TH AVENUE, STE. 900 AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name Schlicht, Freddy J. Street Address (P.O. Box Number is Not Acceptable) 8285 NW 64 St #3 City Miami FL Zip Code 33166		
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 <u><i>F. Schlicht</i></u> 03/11/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHLICHT, FREDDY JAN 7661 NE 68TH STREET MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Schlicht, Freddy Jan 8285 NW 64 St., #3 Miami, FL 33166
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CANDIDA GABRIEL, MARIA 7661 NE 68TH STREET MIAMI, FL 33166	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Candida Gabriel, Maria 8285 NW 64 St., #3 Miami, FL 33166
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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		<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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>F. Schlicht</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>03/11</u> Daytime Phone # _____		

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03082008 Chg-LLC CR2E083 (12/06)