

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058132

FILED
Jun 18, 2008
Secretary of State

Entity Name: BIKEWEEK, LLC

Current Principal Place of Business:

2441 BELLEVUE AVENUE
DAYTONA BEACH, FL 32114

New Principal Place of Business:

557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751

Current Mailing Address:

2441 BELLEVUE AVENUE
DAYTONA BEACH, FL 32114

New Mailing Address:

557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

AXEL, DAVID J
2441 BELLEVUE AVENUE
DAYTONA BEACH, FL 32114 US

Name and Address of New Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD
SUITE 100
MAITLAND, FL 32751 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: JEFFREY M. KOLTUN

06/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GLOBAL CAPABILITIES, LLC
Address: 777 BAYSHORE DR 1103
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR (X) Delete
Name: JAYBIRD, LLC,
Address: 232 ZAHARIAS CIRCLE
City-St-Zip: DAYTONA BEACH, FL 32124

Title: MGR (X) Delete
Name: RICE, NEIL
Address: 69 SOUTHLAKE DRIVE
City-St-Zip: PALM COAST, FL 32137

Title: MGR (X) Delete
Name: DEAN, GREGORY S
Address: 613 MARISOL DRIVE
City-St-Zip: NEW SMYRNA, FL 32168

Title: MGRM (X) Delete
Name: PANAGGIO, MICHAEL J
Address: 6184 SHORELINE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Delete
Name: ZACH BEN JAMIN, LLC,
Address: 221 MINNEHAHA ROAD
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: OLIPHANT, J. LAWRENCE
Address: 221 MINNEHAHA ROAD
City-St-Zip: MAITLAND, FL 32751

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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: J. LAWRENCE OLIPHANT

MGR

06/18/2008

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