

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90018 044 ***138.75

60038107



DOCUMENT # L07000105305 1. Entity Name ON TWO WHEELS, LLC					
Principal Place of Business 1240 11TH STREET SUITE 1 MIAMI BEACH, FL 33139			Mailing Address 1240 11TH STREET SUITE 1 MIAMI BEACH, FL 33139		
2. Principal Place of Business - No P.O. Box # <i>Same as above</i> Suite, Apt. #, etc.		3. Mailing Address <i>Same as above</i> Suite, Apt. #, etc.		01062008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number 20-1253973	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KENDRICK, ROBERT 1420 COLLINS AVE. MIAMI BEACH, FL 33139				7. Name and Address of New Registered Agent Name: <i>Same</i> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Robert Kendrick</i> DATE: <i>4/29/08</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</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	MGRM GUZMAN, ROBERT 1240 11TH STREET SUITE 1 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENDRICK, ROBERT 1240 11TH STREET SUITE 1 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CEPEDA, DANTE D 1240 11TH STREET SUITE 1 MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Robert Kendrick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <i>4/29/08</i> Daytime Phone #: <i>35-522-6199</i>		