2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L07000115445

Entity Name: ISLAND RIDERS MOTORCYCLE SALES, STORAGE AND TRANSFER, LLC

Current Principal Place of Business:

420 PINE AVENUE, UNIT C
ANNA MARIA, FL 34216

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 155
ANNA MARIA, FL 34216

New Mailing Address:

FEI Number: 26-1422082 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KRING, STEPHEN
420 PINE AVENUE, UNIT C
ANNA MARIA, FL 34216 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: PVS ( ) Delete
Name: KRING, STEPHEN J
Address: 420 PINE AVE UNIT C
City-St-Zip: ANNA MARIA, FL 34216

Title: T ( ) Delete
Name: KRING, STEPHEN
Address: 420 PINE AVE UNIT C
City-St-Zip: ANNA MARIA, FL 34216

ADDITIONS/CHANGES:

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: STEPHEN J KRING PRES 03/06/2009

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