2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000124499

1. Entity Name
SOUTHERN BIKE NIGHT "L.L.C."

FILED
08 SEP 17 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09112008 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
6005 S E WINDSONG LN. 939 STUART, FL 34997	6005 S E WINDSONG LN. 939 STUART, FL 34997

2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 6145
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Stuart, FL
Zip / Country	Zip 34997 / Country US

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BIG EASY MEDIA PRODUCTIONS INC. 6005 S E WINDSONG LN. 939 STUART, FL 34997	Name Big Easy Media Productions INC Street Address (P.O. Box Number is Not Acceptable) 8020 SE RIVER LN City Stuart FL Zip Code 34997

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75 **Due by September 12, 2008**	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	**Make check payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BIG EASY MEDIA PRODUCTIONS INC. 6005 S E WINDSONG LN. STUART, FL 34997 [ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR [X] Change [ ] Addition Big Easy Media Productions 8020 SE River LN. Stuart FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition 800136150108 09/19/08--01042--022 **138.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[ ] Change [ ] 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: Julie A Briggs