

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001836

Entity Name: BIKERS PROPERTY LLC

FILED  
Sep 01, 2009  
Secretary of State

**Current Principal Place of Business:**

6217 MARBELLA BLVD.  
APOLLO BEACH, FL 33572

**New Principal Place of Business:**

**Current Mailing Address:**

6217 MARBELLA BLVD.  
APOLLO BEACH, FL 33572

**New Mailing Address:**

PO BOX 977  
ANNA MARIA, FL 342160977

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

LEVEY, JEFF  
6217 MARBELLA BLVD.  
APOLLO BEACH, FL 33572 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: MGR ( ) Delete  
Name: LEVEY, JEFFREY  
Address: 6217 MARBELLA BLVD.  
City-St-Zip: APOLLO BEACH, FL 33572

Title: MGR ( ) Delete  
Name: SCHAEFER, ROBERTA  
Address: 6217 MARBELLA BLVD.  
City-St-Zip: APOLLO BEACH, FL 33572

**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: ROBERTA M SCHAEFER

MGR

09/01/2009

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