


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90111 027 \*\*\*\*50.00

<b>DOCUMENT # M05000004257</b> 1. Entity Name <b>CJ'S BICYCLES &amp; INVESTMENTS, LLC</b>					
Principal Place of Business <b>315 ASHMOORE CIRCLE WEST POWELL, OH 43065</b>			Mailing Address <b>315 ASHMOORE CIRCLE WEST POWELL, OH 43065</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		01272006    Chg-LLC    CR2E083 (11/05)
4. FEI Number <b>NONE</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>HL STATUTORY AGENT, INC. 3301 BONITA BEACH ROAD, SUITE 308 BONITA SPRINGS, FL 34134</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM SNYDER, SEAN</b> <input type="checkbox"/> Delete <b>315 ASHMOORE CIRCLE WEST POWELL, OH 43065</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>2-6-06</b> Daytime Phone # <b>614-679-1201</b>		

**SEAN SNYDER, MGR.**



ATTACHMENT  
20009827

Gretchen M. Nine-Bunnell

Direct Phone: 216.274.2217

Direct Fax: 216.274.2417

E-mail: gmnine-bunnell@hahnlaw.com

February 13, 2006

**VIA CERTIFIED MAIL**

**RETURN RECEIPT REQUESTED**

Florida Secretary of State  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**Re: CJ's Bicycles & Investments, LLC – 2006 Limited Liability Company Annual Report**

Dear Sir/Madam:

Enclosed for filing with your office, please find the following items for CJ's Bicycles & Investments, LLC (Document #M05000004257):

1. An original and one copy of the 2006 Limited Liability Company Annual Report; and
2. A check in the amount of \$50.00 to cover the filing fees.

Upon your review of the enclosed and if everything is satisfactory, please file the report and return your Certificate of Acknowledgment to me.

Please call me with any questions (collect) at 216-274-2217.

Sincerely yours,



Gretchen M. Nine-Bunnell  
Paralegal

Enclosures

cc: Marc J. Kessler, Esq. (w/encl.)  
Jeffrey W. Stiltner, Esq. (w/encl.)

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