


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000004703 1. Entity Name FLORIDA MOTORCYCLE LAND, LLC	
--	---

Principal Place of Business 16250 N. DALLAS PARKWAY, SUITE 102 DALLAS, TX 75248 US	Mailing Address 16250 N. DALLAS PARKWAY, SUITE 102 DALLAS, TX 75248 US
--	--



03212007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3331893	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRYAN, BRANT A 16250 N. DALLAS PARKWAY, SUITE 102 DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LESLIE, JAMES C 16250 N. DALLAS PARKWAY, SUITE 102 DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SWEENEY, CATHY 16250 N. DALLAS PARKWAY, SUITE 102 DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRINGFIELD, DAVID F 16250 N. DALLAS PARKWAY, SUITE 102 DALLAS, TX 75248
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000679385
04/03/07-80036-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #