

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L02000025234**

1. Entity Name  
**REGIONAL OUTDOOR, LLC**



Principal Place of Business  
**5511 HANSEL AVENUE  
ORLANDO, FL 32809**

Mailing Address  
**5511 HANSEL AVENUE  
ORLANDO, FL 32809**



04242007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0759282</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**HOOKE, DOUGLAS P  
5511 HANSEL AVENUE  
ORLANDO, FL 32809**

**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**

000000757941  
05/23/07-80090-021 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR HOOKE, DOUGLAS P 5511 HANSEL AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR HOOKE, BRITTA J 5511 HANSEL AVE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGR SLEIMAN, JOSEPH 2111 E MICHIGAN AVE #200 ORLANDO, FL 32806

**DO NOT WRITE  
IN THIS SPACE**

TITLE NAME STREET ADDRESS CITY-ST- ZIP
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TITLE NAME STREET ADDRESS CITY-ST- ZIP
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TITLE NAME STREET ADDRESS CITY-ST- ZIP
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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.

**SIGNATURE:** \_\_\_\_\_

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

4/27/07 407/851-1519

Date

Daytime Phone #