


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000021668 1. Entity Name TANGLED LINES OUTFITTERS, LLC	
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Principal Place of Business 1154 HAVENDALE BOULEVARD WINTER HAVEN, FL	Mailing Address PO BOX 3096 WINTER HAVEN, FL 33885
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03202006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 57-1172055	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 STRAUGHN, RICHARD E ESQ 255 MAGNOLIA AVENUE WINTER HAVEN, FL 33880	DO NOT WRITE IN THIS SPACE
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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

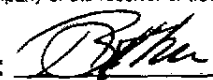
**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SWAIN, BRIAN K PO BOX 3096 WINTER HAVEN, FL 33885
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SWAIN, ANDREW K PO BOX 3096 WINTER HAVEN, FL 33885
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FARRAH, WILLIAM T 3601 CYPRESS GARDENS ROAD WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/02/06-80112-021 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:  **Brian K. Swain** **4/14/06** **(863) 299-9019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #