## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000042220

1. Entity Name
OUTPOST, LLC



FILED
Mar 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

466 CAUSEWAY BLVD DUNEDIN, FL 34698 2505 ENTERPRISE ROAD CLEARWATER, FL 33763-1100



03072007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number		Applied For
	54-2156094		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional guired

03-08-2007 (727) 365-2972

6. Name and Address of Current Registered Agent

MCCARTHY, EUGENE J 2505 ENTERPRISE ROAD CLEARWATER, FL 33763-1100

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	named entity submits this statement for the purpose of cha tions of registered agent.	nging its registered office or registered agent, or both	i, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent algusture required when reinstating)	DATE
F	lling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCARTHY, EUGENE J 2505 ENTERPRISE ROAD CLEARWATER, FL 337631100		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MC DANIEL, KIMBERLY D. 2505 ENTERPRISE ROAD CLEARWATER, FL 33763		000000662902 03/21/07-80032-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MC CARTHY, KEVIN E. 2505 ENTERPRISE ROAD CLEARWATER, FL 33763	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE RAME STREET ADDRESS CITY-ST-ZIP	-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filling 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.