2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# L04000065157

Entity Name: DIXON OUTDOORS LLC

Current Principal Place of Business:

1 CARMEL TERR
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

1 CARMEL TERR
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-1564143 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DIXON, DWAYNE
1 CARMEL TERR
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DIXON, DWAYNE
Address: 1 CARMEL TERR
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM ( ) Delete
Name: FINKELSTEIN, DAVID SR
Address: 1231 BERRY BUSH RD
City-St-Zip: BUNNELL, FL 32110

Title: MGRM ( ) Delete
Name: FINKELSTEIN, DAVID JR
Address: 1231 BERRYBUSH RD
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DWAYNE DIXON MGRM 09/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date