2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 01, 2006 8:00 am Secretary of State DOCUMENT # L04000087905 1. Entity Name OUTDOOR KINGDOM, L. L. C. Principal Place of Business Mailing Address 115 E. HOLLY DRIVE ORANGE CITY FL 32763 P. O. BOX 5931 **DELTONA FL 32728** 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State **FEI Number** Applied For Not Applicable Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KERR, DONALD M Street Address (P.O. Box Number is Not Acceptable) 115 É HOLLY DRIVE **ORANGE CITY FL 32763** Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES TITLE MGRM ☐ Defete Change ☐ Addition KERR, DONALD M STREET ADDRESS P. O. BOX5931 STREET ADDRESS CITY-ST-ZIP **DELTONA FL 32728** CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED