


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90189 022 ****55.00

DOCUMENT # L04000087905		
1. Entity Name OUTDOOR KINGDOM, L. L. C.		
Principal Place of Business 115 E. HOLLY DRIVE ORANGE CITY FL 32763	Mailing Address P. O. BOX 5931 DELTONA FL 32728	



2. Principal Place of Business - No P.O. Box # 216 West DAVIS Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 986 Suite, Apt. #, etc.
--	--

1st MOORE CR2E083 (10/06)

City & State Deleon Springs, FLA	City & State Deleon Springs, FLA
Zip 32130	Zip 32130
Country U.S.A.	Country U.S.A.

4. FEI Number 20-1956744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KERR, DONALD M 115 E HOLLY DRIVE ORANGE CITY FL 32763	
---	--

7. Name and Address of New Registered Agent	
Name DONALD M. Kerr	
Street Address (P.O. Box Number is Not Acceptable) 216 West DAVIS	
City Deleon Springs	FL Zip Code 32130

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 *Donald M. Kerr* (NOTE: Registered Agent signature required when reinstating) DATE 2/22/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE mgrm	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KERR, DONALD M		NAME KERR, DONALD M.	
STREET ADDRESS P. O. BOX 5931		STREET ADDRESS 216 West DAVIS	
CITY-ST-ZIP DELTONA FL 32728		CITY-ST-ZIP Deleon Springs, FLA 32130	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *Donald M. Kerr* **DONALD M. Kerr** 2/22/07 (386) 479-3007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #