2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 16, 2009
Secretary of State

DOCUMENT# L04000087905

Entity Name: OUTDOOR KINGDOM, L. L. C.

Current Principal Place of Business:

216 W. DAVIS
DE LEON SPRINGS, FL 32130

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 986
DE LEON SPRINGS, FL 32130

New Mailing Address:

FEI Number: 20-1956744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERR, DONALD M
216 W. DAVIS
DE LEON SPRINGS, FL 32130 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: KERR, DONALD M
Address: P. O. BOX986
City-St-Zip: DELEON SPRINGS, FL 32130

Title: MGR ( ) Delete
Name: HEILMAN, CORY
Address: P.O BOX 986
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: MGR ( ) Delete
Name: KELLY, ROBERT
Address: 120 CARLTON
City-St-Zip: DELAND, FL 32720 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition
Name: KERR, CINDY
Address: 216 WEST DAVIS
City-St-Zip: DELEONSPRINGS, FL 32130 US

I hereby certify that the information supplied with this filing does not qualify 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: DONALD M KERR MGRM 10/16/2009

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