


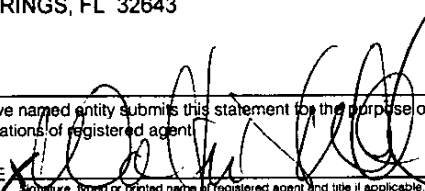
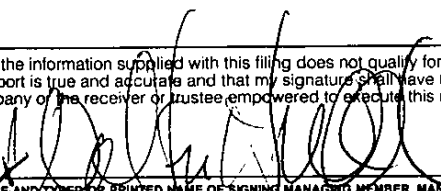
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90275 050 ****50.00

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DOCUMENT # L04000088159			
1. Entity Name GREAT OUTDOORS OF HIGH SPRINGS, LLC			
Principal Place of Business 65 NORTH MAIN ST. HIGH SPRINGS, FL 32643 US		Mailing Address P.O. BOX 1740 HIGH SPRINGS, FL 32655 US	
2. Principal Place of Business - No P.O. Box # 23335 NW CR 236		3. Mailing Address	
Suite, Apt. #, etc. 20		Suite, Apt. #, etc.	
City & State High Springs FL		City & State	
Zip 32643	Country USA	Zip	Country
6. Name and Address of Current Registered Agent WELLBORN, WALTER H 23008 NW 188TH STREET HIGH SPRINGS, FL 32643		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		DATE	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WELLBORN, WALTER H P.O. BOX 1740 HIGH SPRINGS, FL 32655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: 		Walter H Wellborn 2-21-07 386-454-1269	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	