

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000088457

1. Entity Name
GEORGE OUTLAW HOMES, LLC



**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90048 003 ****50.00

00043574



04262007 Chg-LLC CR2E083 (12/06)

Principal Place of Business 708 CINDY LEE LANE PANAMA CITY, FL 32401 US		Mailing Address 708 CINDY LEE LANE PANAMA CITY, FL 32401 US	
2. Principal Place of Business - No P.O. Box # 3323 Nautical Dr. Suite, Apt. #, etc.		3. Mailing Address 3323 Nautical Dr. Suite, Apt. #, etc.	
City & State Panama City, FL Zip 32409		City & State Panama City, FL Zip 32409	
Country		Country	
6. Name and Address of Current Registered Agent OUTLAW, GEORGE F 708 CINDY LEE LANE PANAMA CITY, FL 32401			
7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 3323 Nautical Dr.			
City Panama City FL Zip Code 32409			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

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 OUTLAW, GEORGE 708 CINDY LEE LANE PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3323 Nautical Drive Panama City, FL 32409
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OUTLAW, SHELAH A 708 CINDY LEE LANE PANAMA CITY, FL 32401	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 3323 Nautical Drive Panama City, FL 32409
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/07

Date

Daytime Phone #