

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004287

Entity Name: RACK OF DEER, LLC

FILED
Feb 20, 2007
Secretary of State

Current Principal Place of Business:

529 PINE LANE
BIG PINE KEY, FL 33040

New Principal Place of Business:

529 PINE LANE
BIG PINE KEY, FL 33043

Current Mailing Address:

529 PINE LANE
BIG PINE KEY, FL 33040

New Mailing Address:

529 PINE LANE
BIG PINE KEY, FL 33043

FEI Number: 04-3804972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRICK, JAMES T
317 WHITEHEAD ST.
KEY WEST, FL 33040 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: MULLANE, THOMAS
Address: ST. PETER'S CHURCH, BOX 430657
City-St-Zip: BIG PINE KEY, FL 33043

Title: MGRM () Delete
Name: CARTER, CANDICE K
Address: 237 W. SEAVIEW DR.
City-St-Zip: DUCK KEY, FL 33050

Title: MGRM () Delete
Name: MUELLER, BARBARA G
Address: 529 PINE LANE
City-St-Zip: BIG PINE KEY, FL 33043

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BARBARA G. MUELLER

MGRM

02/20/2007

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