2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000035212

AUSTIN OUTDOOR, LLC



Principal Place of Business

4601 NORTH STATE STREET BUNNELL, FL 32110

Mailing Address P.O. BOX 849

BUNNELL, FL 32110

FILED Mar 17, 2008 08:00 A Secretary of State



03042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2993503

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GUNTHARP, PAUL M JR 4 OLD KINGS RD N STE B

PALM COAST, FL 32137

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of chathe obligations of registered agent	nging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
Signature: typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		

MANAGING MEMBERS/MANAGERS MGR TITLE SCHATZ, EDWARD JR. NAME STREET ADDRESS 5 CORTE VISTA DRIVE CITY-ST-ZIP PALM COAST, FL 32137 MGR TITLE WEREMAY, MICHAEL J NAME STREET ADDRESS 4601 NORTH STATE STREET CITY - ST - ZIP BUNNELL, FL 32110 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

000000861397 04/03/08-80006-019 138.75

DO NOT WRITE IN THIS SPACE

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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: Munu

Edward Schatz, Jr.

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

Daytime Phone #