2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# L05000039779

Entity Name: ULTIMATE ARMS, LLC

Current Principal Place of Business:

610 NORTH COMBEE ROAD
LAKELAND, FL 33801

New Principal Place of Business:

610 NORTH COMBEE ROAD
LAKELAND, FL 33801 US

Current Mailing Address:

610 NORTH COMBEE ROAD
LAKELAND, FL 33801

New Mailing Address:

610 NORTH COMBEE ROAD
LAKELAND, FL 33801 US

FEI Number: 20-2804149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, JEAN J
4735 SHEPHERD ROAD
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

SMITH, MARK F
610 NORTH COMBEE RD
LAKELAND, FL 33801 US

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: MARK SMITH 01/08/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: TAYLOR, JEAN J
Address: 4735 SHEPHERD ROAD
City-St-Zip: LAKELAND, FL 33811

Title: MGR ( ) Delete
Name: SMITH, CHRISTINE A
Address: 2827 PALMORE DRIVE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SMITH, MARK F
Address: 2827 PALAMORE DR
City-St-Zip: TAMPA, FL 33813 US

Title: MGRM (X) Change ( ) Addition
Name: SMITH, CHRISTINE A
Address: 2827 PALMORE DRIVE
City-St-Zip: TAMPA, FL 33618 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: MARK SMITH MGR 01/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date