2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000072438

1. Entity Name \ DAN RICKARD OUTDOOR SERVICES, LLC



FILED \Aug 17, 2007 08:00 All Secretary of State

Principal Place of Business

Mailing Address

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

261 2ND ST SE NAPLES, FL 34117 261 2ND ST SE NAPLES, FL 34117



07052007 No Chg-LLC

CR2E083 (11/05)

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NOT APPLICABLE		Not Applica
I. FEI Number	L	Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RICKARD, DAN R 261 2ND ST SE NAPLES, FL 34117

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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 arguature required when reinstating) DATE Filling Fee is \$50.00 Due by September 14, 2007				
9.	MANAGING MEMBERS/MANAGERS	.,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICKARD, DAN R 261 2ND ST SE NAPLES, FL 34117		U00000772271	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			08/17/07-80006-008 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN T	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby of indicated limited line	certify that the information supplied with this filling does not on this report is true and adcurate and that my signatures he hilling company or the receiver or trustee emockage to see	qualify for the exemptions contained in Chapter 11 all have the same legal effect as if made under or	9. Florida Statutes. I further certify that the information ath; that I am a managing member or manager of the	