

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 24, 2007 8:00 am**  
**Secretary of State**

07-24-2007 90012 040 \*\*\*\*50.00

DOCUMENT # L05000119043  
 1. Entity Name  
 TRIPLE W OUTDOORS, LLC



Principal Place of Business      Mailing Address  
 9976 NE 104TH TERRACE      9976 NE 104TH TERRACE  
 OKEECHOBEE, FL 34972      OKEECHOBEE, FL 34972

60053306



**DO NOT WRITE IN THIS SPACE**

07122007No Chg-LLC      CR2E083 (11/05)

4. FFI Number      Applied For  
 61-1524044      Not Applied  
 5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 WOJCIESZAK, KIM R  
 3591 SE LEONARD LANE  
 STUART, FL 34997

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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 \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	MGR WOJCIESZAK, KIM R P.O. BOX 1146 PORT SALERNO, FL 34992
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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: *Kim Wojcik*      7/15/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE