2007 LIMITED LIABILITY COMPANY '

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

ANNUAL REPORT (AR). DOCUMENT # L06000019236 04-18-2007 90029 047 ****50.00 OUTDOOR INDUSTRIES, LLC Principal Place of Business Mailing Address 5901 BEGGS ROAD ORLANDO FL 32810 5901 BEGGS ROAD ORLANDO FL 32810 2 Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number Not Applicable Ζiρ Country Zip Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATSON, PAUL Street Address (P.O. Box Number is Not Acceptable) 5901 BEGGS ROAD ORLANDO FL 32810 City Zip Code 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, typeo or printed name of registered agent and title is applicable. (NOTE: Hegistered Agont signature required when remaining) FILE NOW!!! FEE IS \$50.00 . Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE ☐ Change ■ Addition ☐ Delete FIFLE OUTDOOR LIVING PRODUCTS, INC. MAME NAME STREET ADDRESS STREET ADDRESS 5901 BEGGS ROAD CITY - ST- ZIP CHY-SI-7P ORLANDO FL 32810 IIIE ☐ Delete ☐ Change Addition THEFT NAME STREET ADDRESS STREET ADDRESS CIFE-SI-ZIP CHY-ST-7IP INTE Delete HILE ☐ Change Addition NAME STREET APORESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP Delete HHE ☐ Change ☐ Addition TITLE NAME NALE STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY - ST - ZIP Delete THE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS C177 - S1 - 71P CHY-SI-ZP ☐ Change ☐ Addition THLE Delete NAME MARKE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not useful for the exemptions contained in Section 119, Florida Statutes. 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 each; that I am a managing member or manager of the firmited liability company or the receiver or trustee employeed I execute this report as required by Chapter 608, Florida Statutes.

FILED May 03, 2007 8:00 am Secretary of State