

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070561

FILED  
Mar 14, 2007  
Secretary of State

Entity Name: DESOUSA HUNTING TECHNOLOGIES, LLC

**Current Principal Place of Business:**

219 S HALE AVE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

219 S HALE AVE  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-5220357

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PAYNE, ANDREW R  
219 S HALE AVE  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAYNE, ANDREW R  
Address: 219 S HALE AVE  
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete  
Name: DESOUSA, BERNADINO  
Address: 110 HUNTINGTON STREET  
City-St-Zip: COVINGTON, GA 30016

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: FEHR, STEVEN F  
Address: 5811 DORY WAY  
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDREW R PAYNE

MGRM

03/14/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date