


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Sep 09, 2008 8:00 am**  
**Secretary of State**

09-09-2008 90031 028 \*\*\*138.75

<b>DOCUMENT # L06000098778</b>	
1. Entity Name <b>OUTDOOR DESIGN WORKS, LLC</b>	

Principal Place of Business <b>515 PARK AVENUE NORTH, SUITE 216 WINTER PARK, FL 32789</b>	Mailing Address <b>515 PARK AVENUE NORTH, SUITE 216 WINTER PARK, FL 32789</b>
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2. Principal Place of Business - No P.O. Box # <b>515 Park Ave. North</b>	3. Mailing Address <b>515 Park Ave. North</b>
Suite, Apt. #, etc. <b>214</b>	Suite, Apt. #, etc. <b>214</b>

City & State <b>Winter Park, FL</b>	City & State <b>Winter Park, FL</b>	4. FEI Number <b>42-1713978</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32789</b>	Country <b>U.S.A</b>	Zip <b>32789</b>	Country <b>U.S.A</b>

07022008 Chg-LLC CR2E083 (12/06)



6. Name and Address of Current Registered Agent <b>SHADLEY, RICHARD 515 PARK AVENUE NORTH, SUITE 216 WINTER PARK, FL 32789</b>		7. Name and Address of New Registered Agent Name <b>Shadley, Richard</b> Street Address (P.O. Box Number is Not Acceptable) <b>515 Park Ave. N., Suite 214</b> City <b>Winter Park</b> FL Zip Code <b>32789</b>	
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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: *Richard Shadley* **RICHARD SHADLEY PRESIDENT 7.28.08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHADLEY, RICHARD & SHARI, AS TEN. BY ENT.			NAME			
STREET ADDRESS	515 PARK AVENUE NORTH, SUITE 216			STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK, FL 32789			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: *Richard Shadley* **RICHARD SHADLEY PRESIDENT 7.28.08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #