

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

09-09-2008 90031 028 ***138.75

DOCUMENT # L06000098778 1. Entity Name OUTDOOR DESIGN WORKS, LLC					
Principal Place of Business 515 PARK AVENUE NORTH, SUITE 216 WINTER PARK, FL 32789			Mailing Address 515 PARK AVENUE NORTH, SUITE 216 WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 515 Park Ave. North Suite, Apt. #, etc. 214		3. Mailing Address 515 Park Ave. North Suite, Apt. #, etc. 214			
City & State Winter Park, FL Zip 32789 Country U.S.A		City & State Winter Park, FL Zip 32789 Country U.S.A		4. FEI Number 42-1713978	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHADLEY, RICHARD 515 PARK AVENUE NORTH, SUITE 216 WINTER PARK, FL 32789			7. Name and Address of New Registered Agent Name Shadley, Richard Street Address (P.O. Box Number is Not Acceptable) 515 Park Ave. N., Suite 214 City Winter Park FL Zip Code 32789		
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 <u><i>Richard Shadley</i></u> RICHARD SHADLEY PRESIDENT 7.28.08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHADLEY, RICHARD & SHARI, AS TEN. BY ENT. 515 PARK AVENUE NORTH, SUITE 216 WINTER PARK, FL 32789 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Richard Shadley</i></u> RICHARD SHADLEY PRESIDENT 7.28.08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					



07022008 Chg-LLC CR2E083 (12/06)