

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099918

Entity Name: HK OUTDOOR, LLC

FILED
May 21, 2007
Secretary of State

Current Principal Place of Business:

4529 SAN LORENZO BLVD.
JACKSONVILLE, FL 32224

New Principal Place of Business:

190 SOUTH LOWDER STREET
MACCLENNY, FL 32063

Current Mailing Address:

4529 SAN LORENZO BLVD.
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 20-5907725 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HETSLER, ROBERT
4529 SAN LORENZO BLVD.
JACKSONVILLE, FL 32224 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: HETSLER, ROBERT G
Address: 4529 SAN LORENZO BLVD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: SYLVESTRE, MICHAEL D
Address: 173 20TH AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

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

Title: M (X) Change () Addition
Name: SYLVESTRE, MICHAEL D
Address: 173 20TH AVE. SOUTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT HETSLER

MRRM

05/21/2007

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