2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# L06000104643

Entity Name: OUTDOOR LUBRICATION PRODUCTS, LLC

Current Principal Place of Business:

15250 CITRUS COUNTY DRIVE
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

15250 CITRUS COUNTY DRIVE
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 20-2847273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, STEVE
37421 SKYRIDGE CIR
DADE CITY, FL 33525 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:	THOMAS, STEVEN A	
Address:	37421 SKYRIDGE CIR	
City-St-Zip:	DADE CITY, FL 33525	
Title:	MGRM	( ) Delete
Name:	FIELDERS, DALE R	
Address:	PO BOX 2065	
City-St-Zip:	NEW PORT RICHEY, FL 34656	
Title:	MGRM	( ) Delete
Name:	BLCICH, MARK JR	
Address:	11312 ORANGE COURT	
City-St-Zip:	DADE CITY, FL 33525	
Title:	MGRM	( ) Delete
Name:	ANDRE, ZITA K	
Address:	8515 BLIND PASS DRIVE	
City-St-Zip:	ST PETERSBURG, FL 33706	
Title:	MGRM	( ) Delete
Name:	BLEICH, MARK SR.	
Address:	34935 PROSPECT ROD	
City-St-Zip:	DADE CITY, FL 33525	
Title:	MGRM	( ) Delete
Name:	COX, CHUCK E	
Address:	4754 17TH STREET	
City-St-Zip:	ZEPHYRHILLS, FL 33542	

ADDITIONS/CHANGES:

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

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: STEVE THOMAS MGRM 04/17/2007

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