

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000069721

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** FANTASY OUTDOORS LLC

**Current Principal Place of Business:**

1514 BERNITA STREET  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

1514 BERNITA STREET  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:** 26-0473300

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBER, JOHN W III  
1514 BERNITA STREET  
JACKSONVILLE, FL 32211 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: MGR  
Name: BARBER, JOHN W III  
Address: 1514 BERNITA STREET  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM  
Name: BARBER, TRACEY I  
Address: 6445 CR 208  
City-St-Zip: ST AUG, FL 32092

I hereby 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: JOHN W BARBER III

MNGR

04/05/2010

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