

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000069721

**FILED**  
**Feb 01, 2012**  
**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 (X)**

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

**Title:** MGR  
**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

MGRM

02/01/2012

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