


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90027 041 ***143.75

DOCUMENT # L07000079114	
1. Entity Name NORTH WEST FLORIDA OUTDOOR SERVICES LLC	

Principal Place of Business 16 JEFFERSON PLACE FORT WALTON BEACH, FL 32549	Mailing Address P.O. BOX 117 FORT WALTON BEACH, FL 32549
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60006001



2. Principal Place of Business - No P.O. Box # 16 JEFFERSON Pl.	3. Mailing Address P.O. Box 117
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01222008 Chg-LLC CR2E083 (12/06)

City & State Ft Walton bch FL	City & State Ft Walton bch FL
Zip 32548	Country OKalossA
Zip 32549	Country OKalossA

4. FEI Number 026-1277196	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CHRISTENSEN, PAUL A 41 SILVA DRIVE FORT WALTON, FL 32548	
7. Name and Address of New Registered Agent Name PAUL A. CHRISTENSEN Street Address (P.O. Box Number is Not Acceptable) 235 Lafitte Crescent City Ft Walton bch FL Zip Code 32547	

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 Paul A. Christensen <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 1-31-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTENSEN, PAUL A 41 SILVA DRIVE FORT WALTON BEACH, FL 32548 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PAUL A CHRISTENSEN 235 Lafitte Crescent FWB FL 32547 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GERE, LYN M 40 OLDE CYPRESS CIRCLE FORT WALTON BEACH, FL 32548 <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	MGRM LOPEZ, STEVEN W 224 GREEN DRIVE MARY ESTHER, FL 32569 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Chris Gere 40 olde cypress cir. F.W.B. FL 32548 <input checked="" 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: Paul A. Christensen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Date 1-31-08 (850) 259-5736 <small>Daytime Phone #</small>