2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000016233

107 ORCHID GROVE LN

DOVER, FL 33527

Address:

City-St-Zip:

FILED Jan 06, 2009 Secretary of State

Entity Name: 4REEL FISHING AND CAMPING SUPPLIES L.L.C.

Current Principal Place of Business: New Principal Place of Business: 107 ORCHID GROVE LN 3430 LITHIA PINECREST ROAD **DOVER, FL 33527** VALRICO, FL 33594 **Current Mailing Address: New Mailing Address:** 1808 PINE ST VALRICO, FL 33594 FEI Number: 26-1864780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PHELPS, JOHN M 1808 PINE ST VALRICO, FL 33594 US 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: ADDITIONS/CHANGES: () Delete Title: () Change () Addition PHELPS, JOHN M Name: Name: Address: 1808 PINE ST Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PHELPS, CHERYL Name: Address: 1808 PINE ST Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: (X) Delete Title: () Change () Addition SCHAUER, SUE Name: Name: Address: 505 6TH ST Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: MCGOWAN, BRITTANY Name:

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.

Address:

City-St-Zip:

SIGNATURE: CHERYL R. PHELPS VP 01/06/2009