


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000007867
 1. Entity Name
 LOOK SIGNS, LC



Principal Place of Business: 1403 E. STATE ROAD 44, WILDWOOD, FL 34785
 Mailing Address: P.O. BOX 1620, LAKE PANASOFFKEE, FL 33538

DO NOT WRITE IN THIS SPACE



01112005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3656720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KNOWLES, TIMOTHY A ESQ.
 % HARLLEE, PORGES, HAMLIN, KNOWLES
 1205 MANATEE AVE. WEST
 BRADENTON, FL 34205

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

U00000182203
01/19/05-80016-022 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, ANDREW WAYNE 8414 COUNTY ROAD 221 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, DRENAN C 7214 COUNTY ROAD 219 WILDWOOD, FL 34785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERUFF, CARLOS M 4832 78TH ST. EAST BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEE, SHERILYN P.O. BOX 1620 LAKE PANASOFFKEE, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, VERNELL LEE 8029 SE 12TH COURT OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sherilyn Lee* 1-11-05 352-748-2211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____