


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000007867
 1. Entity Name
LOOK SIGNS, LC



Principal Place of Business
1403 E. STATE ROAD 44
WILWOOD, FL 34785

Mailing Address
P.O. BOX 1620
LAKE PANASOFFKEE, FL 33538



01102006No Chg-LLC CR2E093 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3656720	Applied For <input type="checkbox"/> 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

DO NOT WRITE IN THIS SPACE

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, 2006

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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 03/08/06-80070-005 50.00

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: *Sherilyn Lee* **Sherilyn Lee** **2-27-06** **748-2211**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone if