


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000007867
 1. Entity Name
 LOOK SIGNS, LC



FILED
Jan 12, 2007 08:00 AM
Secretary of State

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

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



01042007 No Chg-LLC CR2E083 (11/05)

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

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	

U00000585210
 01/16/07-80002-006 50.00

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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 606, Florida Statutes.

SIGNATURE: Sherilyn Lee Sherilyn Lee 1-4-07 352-748-2211
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #