


**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 WILDWOOD, FL 34785		Mailing Address P.O. BOX 1620 LAKE PANASOFFKEE, FL 33538
DO NOT WRITE IN THIS SPACE		
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	LEE, ANDREW WAYNE	
STREET ADDRESS	8414 COUNTY ROAD 221	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	MGRM	
NAME	LEE, DRENAN C	
STREET ADDRESS	7214 COUNTY ROAD 219	
CITY-ST-ZIP	WILDWOOD, FL 34785	
TITLE	MGRM	
NAME	BERUFF, CARLOS M	
STREET ADDRESS	4832 78TH ST. EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE	MGRM	
NAME	LEE, SHERILYN	
STREET ADDRESS	P.O. BOX 1620	
CITY-ST-ZIP	LAKE PANASOFFKEE, FL 33538	
TITLE	MGRM	
NAME	MILLER, VERNELL LEE	
STREET ADDRESS	8029 SE 12TH COURT	
CITY-ST-ZIP	OCALA, FL 34480	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Sherilyn Lee</i> Sherilyn Lee 2-27-06 748-2211		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



01102006No Chg-LLC

CR2E083 (11/05)

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

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03/08/06-80070-005 50.00

**DO NOT WRITE
IN THIS SPACE**