2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Feb 22, 2005 08:00 AM **DOCUMENT # L01000004180 Secretary of State** COLEMAN OUTDOOR ADVERTISING, LLC Mailing Address Principal Place of Business __ 420 LAKESHORE DRIVE **420 LAKESHORE DRIVE** MADISON, FL 32340 MADISON, FL 32340 -01242005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-3713014 \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DAVIS, HENRY N DO NOT WRITE 420 LAKESHORE DR IN THIS SPACE MADISON, FL 32340 3. 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE DAVIS, HENRY N NAME **420 LAKESHORE DRIVE** STREET ADDRESS CITY-ST-7IP MADISON, FL 32340 P0000023307**3** TITLE 02/22/05-80028-011 50.00 DAVIS, TONJA S 420 LAKESHORE DRIVE STREET ADDRESS MADISON, FL 32340 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP MLE STREET ADDRESS CITY-ST-ZIP TILE

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 ittai 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: NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE A

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