2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 27, 2006 08:00 AN DOCUMENT # L01000016393 **Secretary of State** 1. Entity Name SKYWATCH SIGNS, L.L.C. Mailing Address Principal Place of Business 9144 GALL BOULEVARD 9144 GALL BOULEVARD ZEPHYRHILLS, FL 33541 ZEPHYRHILLS, FL 33541 01232006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3743739 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALENTINE, LISA DO NOT WRITE 38529 5TH AVENUE ZEPHYRHILLS, FL 33542 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 distered agent the obligations of SIGNATURE ture, 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 MANAGING MEMBERS/MANAGERS 9. MGR HILLE STEPHENS, ROBERT J MAME U00000404305 9144 GALL BOULEVARD STREET ADDRESS 02/06/06-80041-019 50.00 CHY-ST-ZIP ZEPHYRHILLS, FL 33541 THUE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 eath; that I am a managing member or manager of the limited hability company of the regarder of trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE