


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000002115 1. Entity Name LIGHTED LOGOS, L.C.		
Principal Place of Business 13933 LYNMAR BLVD TAMPA, FL 33626	Mailing Address 13933 LYNMAR BLVD TAMPA, FL 33626	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WICKMAN & WYCKOFF, P.A. 4909 MANATEE AVE. WEST BRADENTON, FL 34209		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)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LANKFORD, PAUL 12912 DUPONT CIRCLE TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BIRON, SCOTT 12912 DUPONT CIRCLE TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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 608, Florida Statutes.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Date _____ Daytime Phone # _____		



01242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 42-1528814	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**