


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90007 010 \*\*\*\*50.00

<b>DOCUMENT # L03000004022</b>	
1. Entity Name <b>SIGNALHOUSE COMMUNICATIONS, LLC</b>	

Principal Place of Business <b>1832 CAPITAL CIRCLE NE SUITE 2 TALLAHASSEE, FL 32308 US</b>	Mailing Address <b>1832 CAPITAL CIRCLE NE SUITE 2 TALLAHASSEE, FL 32308 US</b>
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2. Principal Place of Business - No P.O. Box # <b>652-B Capital Circle NE</b>	3. Mailing Address <b>652-B Capital Circle NE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Tallahassee, FL 32301</b>	City & State <b>Tallahassee, FL 32301</b>
Zip <b>32301</b>	Zip <b>32301</b>
Country <b>LEON</b>	Country <b>LEON</b>



01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>56-2315099</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>PANIUCKI, KEITH E 3714 SWALLOWTAIL TRACE TALLAHASSEE, FL 32309</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PANIUCKI, KEITH 3714 SWALLOWTAIL TRACE TALLAHASSEE, FL 32309</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MACKLAND, LARRY B 2301 BOURGOGNE DR TALLAHASSEE, FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MONEY, MICHAEL 5547 PEDRICK PLANTATION CIR TALLAHASSEE, FL 32317</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Larry B Mackland Larry B Mackland 1/12/07 850-544-3431  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #