


**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90276 037 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L03000010398</b>					
1. Entity Name A SIGN AT THE TIME, LLC					
Principal Place of Business 930 PENELOPE AVENUE, NE PALM BAY, FL 32907			Mailing Address 930 PENELOPE AVENUE, NE PALM BAY, FL 32907		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03102004 Chg-LLC CR2E083 (10/03)	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ZAVISTOSKI, WILLIAM C 930 PENELOPE AVENUE, NE PALM BAY, FL 32907				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>William C Zavistoski</i>				DATE: <i>3/17/2004</i>	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZAVISTOSKI, WILLIAM C 930 PENELOPE AVENUE, NE PALM BAY, FL 32907	<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	
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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 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 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>William C Zavistoski</i>				DATE: <i>3/17/2004</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					