


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 JUN -5 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000006648 1. Entity Name JENSEN SIGNS LLC	
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Principal Place of Business 1789 WHITEHOUSE RD. MONTICELLO, FL 32344	Mailing Address 1789 WHITEHOUSE RD. MONTICELLO, FL 32344
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country	4. FEI Number 54-2141708
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6. Name and Address of Current Registered Agent JENSEN, STEPHEN 1789 WHITEHOUSE RD. MONTICELLO, FL 32344	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	BK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME	MGRM JENSEN, STEPHEN <input type="checkbox"/> Delete 1789 WHITEHOUSE RD. MONTICELLO, FL 32344	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000104254450 06/12/07--01008--009 **50.00	
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME		TITLE NAME		
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STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

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 Steph Jensen Date 6/5/07 Daytime Phone # _____

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