2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							
DOCUMENT 1. Entity Name JENSEN SIGNS I			OS TALL	FILE APR-4 PM 3: RETARY OF SIN SHASSEF, FLOR)		
Principal Place of Business 1789 WHITEHOUSE RD. MONTICELLO, FL 32344		Mailing Address 1789 WHITEHOUSE RD. MONTICELLO, FL 32344				HASSEF. FLOR	4 <i>TE</i> 2/0 ₂ 4
2. Principal Place of Busi	iness - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042008	Chg-LLC	CR2E083 (12/06)	,
City & State		City & State		4. FEI Numb 54-214		No	plied For t Applicable
Zip	Country	Zip Country			5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent		
6. Name and Address of Current Registered Agent / Name					d Address of New I	Registered Agent	
JENSEN, STEPHEI 1789 WHITEHOUS MONTICELLO, FL	E RD.	131	Street Add	dress (P.O. Box Numt	per is Not Acceptable	e)	
		//	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 famillar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NO)E: Registered Agent signature required when reinstating) OATE							
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					Florid	ke check payable to la Department of State	•
9.	MANAGING MEMBE		IITLE	<u>.</u>	ADDITIONS	/CHANGES	☐ Addition
1	I, STEPHEN	Delete	NAME			Change	Addition .
STREET ADDRESS 1789 WHITEHOUSE RD. CITY-ST-ZIP MONTICELLO, FL 32344			STREET ADDRESS CITY-ST-ZIP				
TIFLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP	04/0	00122 4/8-56	270997 ₃₈	. 75
TITLE Delete			TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
MILE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS BITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS 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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE: SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Phone #							
SIGNATURE	E AND TYPED OR HEINTED NAME	OF SIGNING MANAGING MEMBER, MAN.	AGER, OR AUTHORIZED	REPRESENTATIVE	Dafe	Daytime Phone #	