
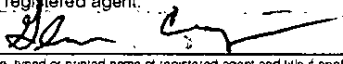
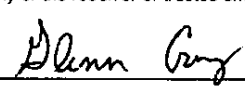


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90026 021 ****50.00

DOCUMENT # L04000008482					
1. Entity Name OKALOOSA SIGN COMPANY LLC					
Principal Place of Business 1168 HWY 90 WEST HOLT FL 32564			Mailing Address 1168 HWY 90 WEST HOLT FL 32564		
2. Principal Place of Business 590 North Fardon Blvd			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State CRESTVIEW, FL			City & State		
Zip 32536	Country OKALOOSA	Zip 32536	Country		
6. Name and Address of Current Registered Agent CRUZ, GLENN 1168 HWY 90 WEST HOLT FL 32564			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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  (NOTE: Registered Agent signature required when reinstating)					
DATE					
<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRUZ, GLENN 1168 HWY 90 WEST HOLT FL 32564	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  GLENN CRUZ					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date					
Daytime Phone #					



1st MOORE CR2E083 (10/04)