


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90251 030 ****50.00

DOCUMENT # L04000063452 1. Entity Name SIGNAL-15 PROPERTIES, LLC					
Principal Place of Business 6401 CAUSEWAY ROAD PANAMA CITY, FL 32408			Mailing Address P.O. BOX 19105 PANAMA CITY BEACH, FL 32417		
2. Principal Place of Business - No P.O. Box # 6030 JOHN PITTS RD		3. Mailing Address Suite, Apt. #, etc. SUITE # 2			
City & State PANAMA CITY, FL		City & State PANAMA CITY, FL		4. FEI Number 80-0119296	
Zip 32404		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOCK, LARRY 6401 CAUSEWAY ROAD PANAMA CITY BEACH, FL 32408			7. Name and Address of New Registered Agent Name LARRY LOCK Street Address (P.O. Box Number is Not Acceptable) 6030 JOHN PITTS RD City PANAMA CITY FL FL Zip Code 32404		
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 <u><i>Larry Lock</i></u> DATE 3-31-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCK, LARRY L P.O. BOX 19105 PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOCK, KRISTI L P.O. BOX 19105 PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, DUANE T N P.O. BOX 19105 PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOHNSON, LISA A P.O. BOX 19105 PANAMA CITY BEACH, FL 32417	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Larry Lock</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3-31-07 (850) 527-3158 <small>Date Daytime Phone #</small>		