

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050063

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** DIRECTION CONNECTION TEAM POSTERS LLC

**Current Principal Place of Business:**

5467 WARD LAKE DRIVE  
PORT ORANGE, FL 32128

**New Principal Place of Business:**

**Current Mailing Address:**

5467 WARD LAKE DRIVE  
PORT ORANGE, FL 32128

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOGUIDICE, JOE  
1515 RIDGEWOOD AVE  
A  
HOLLY HILL, FL 32117 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CAMPBELL, MARC D  
Address: 5467 WARD LAKE DRIVE  
City-St-Zip: PORT ORANGE, FL 32128

Title: MRG ( ) Delete  
Name: HOWARD, DAVID L  
Address: 809 LOCKHART STREET  
City-St-Zip: DAYTONA BEACH, FL 32114

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARC D. CAMPBELL                      MR.                      04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date