


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90074 004 ****50.00

DOCUMENT #L05000090412 1. Entity Name UNIVERSAL SIGN MANUFACTURING, LLC					
Principal Place of Business 320 FENTRESS BLVD. DAYTONA BEACH, FL 32114			Mailing Address 320 FENTRESS BLVD. DAYTONA BEACH, FL 32114		
2. Principal Place of Business 374 FENTRESS BLVD Suite, Apt. #, etc.		3. Mailing Address 374 FENTRESS BLVD Suite, Apt. #, etc.			
City & State DAYTONA BEACH, FL Zip 32114 Country USA		City & State DAYTONA BEACH, FL Zip 32114 Country USA		4. FEI Number 20-3473590	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HENNESSY, EDMOND P 320 FENTRESS BLVD. DAYTONA BEACH, FL 32114			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ <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 September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENNESSY, EDMOND P 320 FENTRESS BLVD. DAYTONA BEACH, FL 32114	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HENNESSY, EDMOND P 374 FENTRESS BLVD DAYTONA BEACH, FL 32114	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
Date _____				Daytime Phone # _____	

ATTACHMENT

20053797
#L050000 90412

Our address was
changed by the
Post Office after
we occupied the
building. See
below ↓