

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123479

FILED
Apr 30, 2007
Secretary of State

Entity Name: SOUTH FLORIDA SIGN FACTORY LLC

Current Principal Place of Business:

2275 S. FEDERAL HWY.
SUITE 310
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

2275 S. FEDERAL HWY.
SUITE 310
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 75-3206736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVITCH, BETH M
13890 ONEIDA DRIVE
#C2
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

SAVITCH, BETH M
2275 S FEDERAL HWY
310
DELRAY BEACH, FL 33483 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAVITCH, BETH M
Address: 13890 ONEIDA DRIVE #C2
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM () Delete
Name: BARAL, JAMES D
Address: 13890 ONEIDA DRIVE #C2
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAVITCH, BETH M
Address: 2275 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

Title: MGRM (X) Change () Addition
Name: BARAL, JAMES D
Address: 2275 S FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify 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: BETH SAVITCH

MGRM

04/30/2007

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