


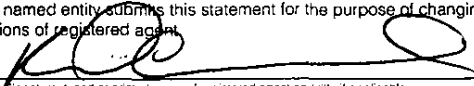
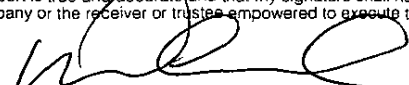
FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90064 029 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

60004096



DOCUMENT # L06000048908			
1. Entity Name DIRECTIONAL SIGN COMPANY, LLC			
Principal Place of Business 20103 HICKORY MILAN, MI 48160 US		Mailing Address 20103 HICKORY MILAN, MI 48160 US	
2. Principal Place of Business - No P.O. Box # 568 Macon Dr Suite, Apt. #, etc.		3. Mailing Address 41007 Huron River Dr Suite, Apt. #, etc.	
City & State Titusville, FL		City & State Belliville, MI	
Zip 32780	Country USA	Zip 48111	Country USA
4. FEI Number 20-4854871		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WILSON, MARY 1885 LINKASHIRE CT. VIERA, FL 32955		7. Name and Address of New Registered Agent Name James Jones Street Address (P.O. Box Number is Not Acceptable) 568 Macon Dr City Titusville FL Zip Code 32780	
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 		Richard Lemerand 1-15-07	
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 LEMERAND, RICHARD 20103 HICKORY MILAN, MI 48160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Lemerand, Richard 41007 Huron River Dr Belliville, MI 48111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 		Richard Lemerand	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	