

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 PM 12: 407 SEP 14 PM 12: 47



DOCUMENT # L06000072725				1. Entity Name FUNDRAISER R-US SIGNWORKS LLC	
Principal Place of Business PO BOX 6028 TALLAHASSEE, FL 32314-6028		Mailing Address PO BOX 6028 TALLAHASSEE, FL 32314-6028			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07182007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOVETT, MARLON D 2303 KEITH STREET TALLAHASSEE, FL 32310				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVETT, MARLON		NAME		
STREET ADDRESS	2303 KEITH STREET		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOVETT, REGINA		NAME	200109463072	
STREET ADDRESS	2303 KEITH STREET		STREET ADDRESS	09/14/07--01033--002 **50.00	
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:			Date: 9/14/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					