

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L99000006874

1. Entity Name  
LAMAR U.S.A., L.L.C.



Principal Place of Business  
2950 NW COMMERCE PARK DR  
# 16  
BOYNTON BEACH, FL 33426

Mailing Address  
2950 NW COMMERCE PARK DR  
# 16  
BOYNTON BEACH, FL 33426



03292007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0955067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BIANCARDI, OSVALDO  
50 RIVER DR.  
OCEAN RIDGE, FL 33435

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	BIANCARDI, OSVALDO
STREET ADDRESS	50 RIVER DR
CITY-ST-ZIP	OCEAN RIDGE, FL 33435

TITLE	MGR
NAME	BIANCARDI, LISA
STREET ADDRESS	50 RIVER DR
CITY-ST-ZIP	OCEAN RIDGE, FL 33435

TITLE	MGR
NAME	CORTES, GERMAN
STREET ADDRESS	6808 HAITIERAS DR
CITY-ST-ZIP	LAKE WORTH, FL 33467

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

U000000690893  
04/12/07-80009-003 50.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

GERMAN CORTES  
MGR

03/28/07 (561) 585-4002

Date

Daytime Phone #