


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000111184**

1. Entity Name  
**LOOK MALL ADVERTISING, LLC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>183 LAKEVIEW DRIVE<br/>         BLDG 310, APT 105<br/>         WESTON, FL 33326</b> | Mailing Address<br><b>183 LAKEVIEW DRIVE<br/>         BLDG 310, APT 105<br/>         WESTON, FL 33326</b> |
|---|---|



01162007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br><b>20-3816459</b>                        | Applied For<br><input type="checkbox"/> 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

**UMEREZ, OSCAR  
 183 LAKEVIEW DRIVE, BLDG. #310, APT. #105  
 WESTON, FL 33326**

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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]* OSCAR UMEREZ DATE: 2/07/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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

9. MANAGING MEMBERS/MANAGERS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>UMEREZ, OSCAR<br>183 LAKEVIEW DRIVE, BLDG. #310, APT. #105<br>WESTON, FL 33326     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>LOSCHER, JERONIMO<br>183 LAKEVIEW DRIVE, BLDG. #310, APT. #105<br>WESTON, FL 33326 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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]* DATE: 2/8/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #