FILED
Feb 13, 2006 8:00 am
Secretary of State
02-13-2006 90191 002 ****55.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000070664

1. Entity Name
SIGNATURE SECURITIES GROUP LLC

20007539

Principal Place of Business	Mailing Address
100 SE 2ND AVENUE, SUITE 1120 MIAMI, FL 33131	100 SE 2ND AVENUE, SUITE 1120 MIAMI, FL 33131

2. Principal Place of Business		3. Mailing Address	
100 SE 2nd Street		100 SE 2nd Street	
Suite, Apt. #, etc. #1120		Suite, Apt. #, etc. #1120	
City & State Miami, Florida		City & State Miami, FLorida	
Zip 33131	Country USA	Zip 33131	Country USA

02082006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3171118 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CASTRO, FRANCO B 100 SE 2ND AVENUE, SUITE 1120 MIAMI, FL 33131	Name Castro, Franco B. Street Address (P.O. Box Number is Not Acceptable) 100 SE 2nd Street, Suite #1120 City Miami FL Zip Code 33131

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] 2/8/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	CASTRO, FRANCO B		NAME	Castro, Franco B.	
STREET ADDRESS	100 SE 2ND AVENUE, SUITE 1120		STREET ADDRESS	100 SE 2nd Street, Suite #1120	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	Miami, FL 33131	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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: [signature] 2/8/06 305-533-0380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #