

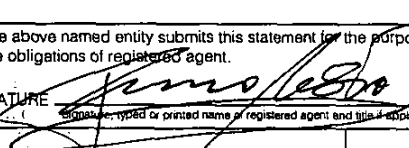
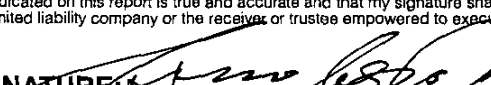
FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90191 002 ****55.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

20007539



DOCUMENT # L05000070664					
1. Entity Name SIGNATURE SECURITIES GROUP LLC					
Principal Place of Business 100 SE 2ND AVENUE, SUITE 1120 MIAMI, FL 33131			Mailing Address 100 SE 2ND AVENUE, SUITE 1120 MIAMI, FL 33131		
2. Principal Place of Business 100 SE 2nd Street		3. Mailing Address 100 SE 2nd Street			
Suite, Apt. #, etc. #1120		Suite, Apt. #, etc. #1120			
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 20-3171118	
Zip 33131		Country USA		Applied For ☐ Not Applicable	
Zip 33131		Country USA		5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, FRANCO B 100 SE 2ND AVENUE, SUITE 1120 MIAMI, FL 33131			7. Name and Address of New Registered Agent 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  DATE 2/8/06 (NOTE: Registered Agent signature required when reinstating)					
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	NAME CASTRO, FRANCO B		TITLE MGR	NAME Castro, Franco B.	
STREET ADDRESS 100 SE 2ND AVENUE, SUITE 1120	CITY-ST-ZIP MIAMI, FL 33131		STREET ADDRESS 100 SE 2nd Street, Suite #1120	CITY-ST-ZIP Miami, FL 33131	
☐ Delete			☒ Change ☐ Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
☐ Delete			☐ Change ☐ Addition		
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
☐ Delete			☐ Change ☐ 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: 			DATE: 2/8/06 DAYTIME PHONE: 305-533-0380		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					