


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90202 028 ****50.00

DOCUMENT # L02000015873	
1. Entity Name SIGNATURE LAND TITLE COMPANY, LLC	

Principal Place of Business 3300 PGA BLVD., STE. #510 PALM BEACH GARDENS, FL 33410	Mailing Address 3300 PGA BLVD., STE. #510 PALM BEACH GARDENS, FL 33410
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20015773

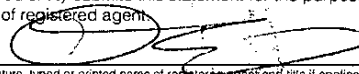


2. Principal Place of Business 400 Village Square Crossing Suite, Apt. #, etc. Suite 2E City & State Palm Beach Gardens, FL Zip 33410 Country USA	3. Mailing Address 400 Village Square Crossing Suite, Apt. #, etc. Suite 2E City & State Palm Beach Gardens, FL Zip 33410 Country USA
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03082006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent ADAMS, DONNA NADEAU 3300 PGA BLVD., STE. #500 PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name Donna Nadeau Adams Street Address (P.O. Box Number is Not Acceptable) 400 Village Square Crossing Suite 2E City Palm Beach Gardens FL Zip Code 33410	
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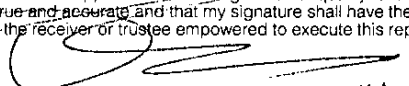
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	Managing Member 3/8/06 (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NADEAU ADAMS, DONNA 3300 PGA BLVD SUITE 510 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Donna Nadeau Adams 400 Village Square Crossing, Suite 2E Palm Beach Gardens, FL 33410 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Managing Member 3/8/06 Date 561-776-5263 Daytime Phone #