

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90067 004 ****50.00

0060034

DOCUMENT # L02000019481

1. Entity Name
SIGNATURE FUNDING LLC



Principal Place of Business
**2727 ULMERTON ROAD
SUITE 350
CLEARWATER FL 33762
US**

Mailing Address
**2727 ULMERTON ROAD
SUITE 350
CLEARWATER FL 33762
US**



2. Principal Place of Business
965 ROOSEVELT BLVD
Suite, Apt. #, etc.

3. Mailing Address
2965 ROOSEVELT BLVD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CLEARWATER, FL
Zip
33760
Country
USA

City & State
CLEARWATER, FL
Zip
33760
Country
USA

4. FEL Number
371438377

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MURRAY B. SILVERSTEIN, P.A.
ONE PROGRESS PLAZA
SUITE 2200
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CONNIE GEIGER ☐ Delete
2965 ROOSEVELT BLVD MGRM
CLEARWATER, FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WILLIAM Z. GEIGER JR. ☐ Delete
2965 ROOSEVELT BLVD MGRM
CLEARWATER, FL 33760

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Connie M. Geiger** **4-23-03 771-538-9700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)