## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

DOCUN 1. Entity Name SIGNSCE		Mailing Address 1301 HARRISON ROAD MURFREESBORO, TN 37128			Secretary of State 05-03-2004 90130 036 ****55.00	
Principal Place 238 HIGHWAY SUITE #A DESTIN, FL 3	98 EAST					
2. Principal Pl	ace of Business	3. Mailing Address 1801 Oscar Crowell RL				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01272004 Chg-LLC CR2E083 (10/03)	
City & State		Beech grove TN		/	4. FEI Number Applied For Not Applicable	
Zip	Country	37018	Country Coffe	e	5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	Name		7. Name and Address of New Registered Agent	
228 HIGHV	IAN, STEVEN L VAY 98 EAST		Street Address		(P.O. Box Number is Not Acceptable)	
SUITE #B DESTIN, F	L 32541		City		To Code	
8 The ahove	named entity submits this statement	for the purpose of changing its		r register	FL Zip Code lered agent, or both, in the State of Florida. I am familiar with, and accept	
	ons of registered agent.  Signature, typed or printed name of registered agent	~ I Wol	E: Registered Agent signs		4-29-04	
Fi Dı	ling Fee is \$50.00 ue by May 1, 2004	(Text)	C. Pogode ou Pigure digita	,	Make check payable to Florida Department of State	
9. Inle	MANAGING MEME	<del></del>	10.	1	ADDITIONS/CHANGES  Change Addition	
NAME STREET ADDRESS ! CHTY-ST-ZIP	WOLTERMAN, STEVEN L 238 HIGHWAY 98 EAST SUITE DESTIN, FL 32541	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARSHALL, LANCE H 238 HIGHWAY 98 EAST SUITE DESTIN, FL 32541	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	CHAMBLEE, SCOTT D 238 HIGHWAY 98 EAST #A DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ME Wolferman Robbie J. REET ADDRESS 1301 Harrison Rd		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. 23-	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	□ Dekete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
indicated	on this report is true and accurate ar billty company or the receive) or trust	d that my signature shall have ee empowered to execute this	the same legal eff report as required	ect as if n by Chap	4-29-04	