· - · ·

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-05-2004 90493 006 ****55.00 **DOCUMENT # L03000033749** SIG OPERTATING, LLC 34004603 Principal Place of Business Mailing Address 1555 PALM BEACH LAKES BLVD., STE. 1100 1555 PALM BEACH LAKES BLVD., STE. 1100 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FFI Number Applied For Not Applicable 54-2125525 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired KΧ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ECCLESTONE, E. LLWYD Street Address (P.O. Box Number is Not Acceptable) 1555 PALM BEACH LAKES BLVD., STE. 1100 WEST PALM BEACH, FL 33401 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. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. TITLE MGRM Change XX Addition TITLE Delete E. Llwyd Ecclestone, Trustee 555 Palm Beach Lakes Blvd #1100 NAME NAME STREET ADDRESS STREET ADDRESS West Palm Beach FL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 affect as if mad Qunder 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. 561/686-2000 E. Llwyd Ecclestone, Trustee

Date

Daytime Phone #

SQNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Apr 29, 2004 8:00 am Secretary of State