

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90183 034 \*\*\*143.75

**DOCUMENT # L03000033749**

1. Entity Name  
**SIG OPERTATING, LLC**



Principal Place of Business  
**1555 PALM BEACH LAKES BLVD., STE. 1100  
 WEST PALM BEACH, FL 33401**

Mailing Address  
**C/O FLORIDA MANAGEMENT COMPANY  
 P.O. BOX 3267  
 WEST PALM BEACH, FL 33402**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



02142008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**54-2125525**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ECCLESTONE, E. LLWYD  
 1555 PALM BEACH LAKES BLVD., STE. 1100  
 WEST PALM BEACH, FL 33401**

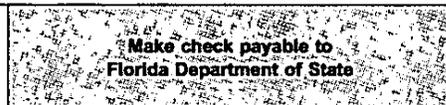
**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**



**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM E LLWYD ECCLESTONE, TRUSTEE 1555 PALM BEACH LAKES BLVD # 1100 WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPT COOPER, RON 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GAMMON, NANNETTE 1555 PALM BEACH LAKES BLVD, # 110 WEST PALM BEACH, FL 33401</b>	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/D HELENA LEYENDECKER 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S/T NANNETTE GAMMON 1555 PALM BEACH LAKES BLVD, # 1100 WEST PALM BEACH, FL 33401</b>	<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

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: Nannette Gammon **NANNETTE GAMMON** 3/18/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #