

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000033749

Entity Name: SIG OPERTATING, LLC

FILED  
Apr 03, 2009  
Secretary of State

## Current Principal Place of Business:

1555 PALM BEACH LAKES BLVD., STE. 1100  
WEST PALM BEACH, FL 33401

## New Principal Place of Business:

1555 PALM BEACH LAKES BLVD  
STE 1100  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

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

## New Mailing Address:

FEI Number: 54-2125525      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

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.

SIGNATURE:

04/03/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: E LLWYD ECCLESTONE, TRUSTEE  
Address: 1555 PALM BEACH LAKES BLVD # 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VD ( ) Delete  
Name: LEYENDECKER, HELENA  
Address: 1555 PALM BEACH LAKES BLVD 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ST ( ) Delete  
Name: GAMMON, NANNETTE  
Address: 1555 PALM BEACH LAKES BLVD STE 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: LEYENDECKER, HELENA  
Address: 1555 PALM BEACH LAKES BLVD # 1100  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

S

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date