


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000033750 1. Entity Name SIG MANAGEMENT, LLC					
Principal Place of Business 241 ROYAL PALM WAY PALM BEACH FL 33480			Mailing Address 1555 PALM BEACH LAKES BLVD., STE 1100 WEST PALM BEACH FL 33402		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 54-2125522 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NATIONAL INVESTMENT COMPANY 1555 PALM BEACH LAKES BLVD., STE. 1000 WEST PALM BEACH FL 33402				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 _____ (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, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ECCLESTONE, E.L. 1555 PALM BEACH LAKES BLVD., #1100 WEST PALM BEACH FL 33402	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COOPER, RON 1555 PALM BEACH LAKES BLVD., #1100 WEST PALM BEACH FL 33402	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete			

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: *Nassette Harmon BDD* 4/25/05 561-686-2000