

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2007 08:00 A**  
**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  
**C/O FLORIDA MANAGEMENT COMPANY  
P.O. BOX 3267  
WEST PALM BEACH, FL 33402**



01092007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-2125522**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$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**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000655192  
03/13/07-80095-016 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **ECCLESTONE, E.L.**  
STREET ADDRESS **1555 PALM BEACH LAKES BLVD., #1100**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33402**

TITLE **VP**  
NAME **COOPER, RON**  
STREET ADDRESS **1555 PALM BEACH LAKES BLVD., #1100**  
CITY-ST-ZIP **WEST PALM BEACH, FL 33402**

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

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

**RON COOPER  
EXEC. VICE PRESIDENT**

Date

Daytime Phone #