


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Jan 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000011617</b>	
1. Entity Name <b>SIGNATURE HOMES, LLC</b>	

Principal Place of Business <b>9389 HAMMAN AVENUE PENSACOLA FL 32514 US</b>	Mailing Address <b>755 GRAND BLVD. SUITE B105-344 DESTIN FL 32550 US</b>
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2. Principal Place of Business <b>/</b>	3. Mailing Address <b>/</b>
Suite, Apt. #, etc. <b>/</b>	Suite, Apt. #, etc. <b>/</b>
City & State <b>/</b>	City & State <b>/</b>
Zip <b>/</b>	Country <b>/</b>

1st MOORE

CR2E083 (10/05)

4. FEI Number <b>20-0895890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>WILLIAMS, MONTE R 9389 HAMMAN AVENUE PENSACOLA FL 32514</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>/</b>
Street Address (P.O. Box Number is Not Acceptable) <b>/</b>
City <b>/</b>
State <b>FL</b>
Zip Code <b>/</b>

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 file if applicable (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, 2006**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, MONTE R 9389 HAMMAN AVENUE PENSACOLA FL 32514 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, DONNA K 9389 HAMMAN AVENUE PENSACOLA FL 32514 <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
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"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

1100000394504  
01/26/06-80013-009 \$5.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Mont R. Williams **1/20/06** **850-572-0083**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #