
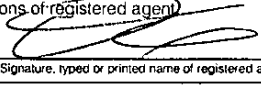
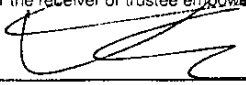


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90202 029 ****50.00

DOCUMENT # L04000017306 1. Entity Name SIGNATURE ACQUISITIONS, LLC			
Principal Place of Business 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410		Mailing Address 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 400 Village Square Crossing Suite, Apt. #, etc. Suite 2D City & State Palm Beach Gardens FL		3. Mailing Address 400 Village Square Crossing Suite, Apt. #, etc. Suite 2D City & State Palm Beach Gardens FL	
Zip 33410 Country USA		Zip 33410 Country USA	
4. FEI Number 20-0916690		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		03082006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent ADAMS, DONNA N 3300 PGA BLVD., SUITE 500 PALM BEACH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name Donna Nadeau Adams Street Address (P.O. Box Number is Not Acceptable) 400 Village Square Crossing Suite 2D City Palm Beach Gardens FL Zip Code 33410	
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  Managing Member		DATE 3/8/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME ADAMS, DONNA N STREET ADDRESS 3300 PGA BLVD., SUITE 500 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE Managing Member NAME Donna Nadeau Adams STREET ADDRESS 400 Village Square Crossing, Suite 2D CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGRM NAME ELLEN, BARBARA STREET ADDRESS 3300 PGA BLVD., SUITE 500 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete	TITLE Managing Member NAME Barbara Ellen STREET ADDRESS 400 Village Square Crossing, Suite 2D CITY-ST-ZIP Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:  Managing Member		DATE 3/8/06 561-624-9480	