

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017306

FILED
May 04, 2007
Secretary of State

Entity Name: SIGNATURE ACQUISITIONS, LLC

Current Principal Place of Business:

400 VILLAGE SQUARE CROSSING
SUITE 2D
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

400 VILLAGE SQUARE CROSSING
SUITE 2D
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 20-0916690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADAMS, DONNA N
400 VILLAGE SQUARE CROSSING
SUITE 2D
PALM BEACH GARDENS, FL 33410 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ADAMS, DONNA N
Address: 400 VILLAGE SQUARE CROSSING, SUITE 2D
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM () Delete
Name: ELLEN, BARBARA
Address: 400 VILLAGE SQUARE CROSSING, SUITE 2D
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

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

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: DONNA ADAMS

MGR

05/04/2007

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