

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061404

Entity Name: SIGNATURE SERVICES LLC

FILED  
Jan 04, 2007  
Secretary of State

## Current Principal Place of Business:

1622 TRIANGLE PALM TERRACE  
NAPLES, FL 34119

## New Principal Place of Business:

25150 BERNWOOD DR.  
8  
BONITA SPRINGS, FL 34135

## Current Mailing Address:

1622 TRIANGLE PALM TERRACE  
NAPLES, FL 34119

## New Mailing Address:

25150 BERNWOOD DR.  
8  
BONITA SPRINGS, FL 34135

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRITZ, ROBERT J  
1622 TRIANGLE PALM TERRACE  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

SIPE, KAREN L  
25150 BERNWOOD DR.  
8  
BONITA SPRINGS, FL 34135 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: KAREN L SIPE

01/04/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: SIPE, KAREN L  
Address: 2092 ISLA DE PALMA  
City-St-Zip: NAPLES, FL 34119

Title: MGR ( ) Delete  
Name: SIPE, SEAN P  
Address: 2092 ISLA DE PALMA  
City-St-Zip: NAPLES, FL 34119

Title: MGR ( ) Delete  
Name: FRITZ, ROBERT J  
Address: 1622 TRIANGLE PALM TERRACE  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SIPE, KAREN L  
Address: 25150 BERNWOOD DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR (X) Change ( ) Addition  
Name: SIPE, SEAN P  
Address: 25150 BERNWOOD DR.  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGR (X) Change ( ) Addition  
Name: RIVERA, LORRAINE  
Address: 25150 BERNWOOD DR  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the 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: KAREN L SIPE

MGR

01/04/2007

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