2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 24, 2008 8:00 am Secretary of State **DOCUMENT # L07000096789** 04-24-2008 90021 031 ***138.75 NICKLAUS SIGNATURE MARKETING, LLC Principal Place of Business Mailing Address 60028244 11780 U.S. HIGHWAY #1, SUITE 500 11780 U.S. HIGHWAY #1, SUITE 500 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03172008 Chg-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State Not Applicable Country Ziο Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAILE, SHAW & PFAFFENBERGER, P.A. Street Address (P.O. Box Number is Not Acceptable) 660 U.S. HIGHWAY #1, THIRD FLOOR NORTH PALM BEACH, FL 33408 Zip Code 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, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent algosture required when reinstating) DATE FILE NOWI!! FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE ☐ Change ☐ Addition Jack w. Nicklaus 11 11780 U.S. Highway One 1 #500 NAME NAME * -STREET ADDRESS STREET ADDRESS north fulm beach, FL 33408 CITY-ST-ZIP CITY-ST-7tP ☐ Change Addition TITI F TIT! F Timethy P. kunny NAME 1780 45. Manuay One, #500 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP north teim beach, R 33408 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition Paul T. Stringer 11780 H.S. Hernwarf North tulm Beach, E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME Thomade Ous. Highway on #500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE □ Delete ames H. Schnau NAME NAME 780 u. 5. Hahrry Ove. \$500 Palm region Pi 33408 STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 1,4500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

SIGNATURE: WILL BIGHATURE AND TYPED OR PRINTED NAME

FILED