2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L98000000398

1. Entity Name
SIGNET, L.C.

Principal Place of Business	Mailing Address
711 EAST PLANTATION CIRCLE PLANTATION, FL 33324	711 EAST PLANTATION CIRCLE PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

01042004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0826405	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOMGARDEN, PAUL M ESQ
8551 WEST SUNRISE BLVD., SUITE 100A
FT LAUDERDALE, FL 33322

DO NOT WRITE
IN THIS SPACE

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 title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	KING, CHARLES J
STREET ADDRESS	711 EAST PLANTATION CIRCLE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGRM
NAME	BENSON, MARVIN H
STREET ADDRESS	1181 RIVER RD
CITY-ST-ZIP	ST ANDREWS-MANITOBA CANADA, r1a4a1
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U0000000037
01/07/04-80003-006 50.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Charles King_   1-5-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Managing Member