

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90119 023 ****50.00

DOCUMENT # L98000000398

1. Entity Name

SIGNET, L.C.



Principal Place of Business

**711 EAST PLANTATION CIRCLE
PLANTATION FL 33324**

Mailing Address

**711 EAST PLANTATION CIRCLE
PLANTATION FL 33324**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0826405

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE Delete
NAME **MGRM**
STREET ADDRESS **KING, CHARLES J**
CITY-ST-ZIP **711 EAST PLANTATION CIRCLE
PLANTATION FL 33324**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **MGRM**
STREET ADDRESS **BENSON, MARVIN H**
CITY-ST-ZIP **BOX 38, GROUP 347, RR #3. SELKIRK MANITOBA
CANADA R1A 2A8**

TITLE Change Addition
NAME **MGRM**
STREET ADDRESS **BENSON MARVIN H.**
CITY-ST-ZIP **1181 RIVIER ROAD
ST. ANDREWS, MANITOBA, CANADA R1A 4A1**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

Paul M. Bloomgarden
MEMBER 1-4-2003 (154)
473-6927

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)