

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008092

FILED
Apr 15, 2008
Secretary of State

Entity Name: ADVISORSIG, LLC

Current Principal Place of Business:

2450 HOLLYWOOD BOULEVARD,
700
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2450 HOLLYWOOD BOULEVARD
700
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 65-0966321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATLIN, ANDREW H
2450 HOLLYWOOD BLVD
700
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: KATLIN, ANDREW H
Address: 2450 HOLLYWOOD BLVD. SUITE 700
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: KATLIN, STANLEY B
Address: 2450 HOLLYWOOD BLVD. SUITE 700
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR () Delete
Name: TOM, BARTA SVP
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPPOLIS, MN 55485

ADDITIONS/CHANGES:

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

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

Title: CM (X) Change () Addition
Name: BRIAN, PETERSON CM
Address: 5701 GOLDEN HILLS DRIVE
City-St-Zip: MINNEAPPOLIS, MN 55485

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: ANDREW KATLIN

MGRM

04/15/2008

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