

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90240 027 ****50.00

DOCUMENT # MD1000000407 ✓
1. Entity Name
Signature & Capital Securities LLC

DO NOT WRITE IN THIS SPACE

943474

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| 2. Principal Place of Business <u>565 Sheridan Rd.</u> Suite, Apt. #, etc. | 3. Mailing Address <u>565 Sheridan Rd</u> Suite, Apt. #, etc. |
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|---|---|
| City & State <u>Winnetka, IL</u> | City & State <u>Winnetka, IL</u> |
| Zip <u>60093</u> Country <u>USA</u> | Zip <u>60093</u> Country <u>USA</u> |

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| 4. FEI Number <u>13-3951939</u> | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name William J. Turner
Street Address (P.O. Box Number is Not Acceptable)
4000 Gulf Shore Blvd, North
#2600
City Naples FL Zip Code 34103

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.

SIGNATURE William J. Turner
Signature, typed or printed name of registered agent and title if applicable.

3/20/02
DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Manager</u> <u>William Allen</u> <u>3 Pleasant Lane</u> <u>Austin, TX 78746</u> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>Member</u> <u>Signature Capital LLC</u> <u>565 Sheridan Rd</u> <u>Winnetka, IL 60093</u> |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: W. Allen

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

3-20-02 847-501-5105

Date

Daytime Phone: #

CR2E083B (12/01)