

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000407

FILED
Jan 30, 2004
Secretary of State

Entity Name: SIGNATURE CAPITAL SECURITIES LLC

Current Principal Place of Business:

565 SHERIDAN RD
WINNETKA, IL 60093

New Principal Place of Business:

ONE NORTHFIELD PLAZA
SUITE 220
NORTHFIELD, IL 60093

Current Mailing Address:

565 SHERIDAN RD
WINNETKA, IL 60093

New Mailing Address:

ONE NORTHFIELD PLAZA
SUITE 220
NORTHFIELD, IL 60093

FEI Number: 13-3951939

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TURNER, WILLIAM J
4000 GULF SHORE BLVD, NORTH #2600
NAPLES, FL 34103 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/MEMBERS:

Title: MGR () Delete
Name: ALLEN, WILSON
Address: 3 PLEASANT COVE
City-St-Zip: AUSTIN, TX 78776

Title: MGR () Delete
Name: SIGNATURE CAPITOL LL, V
Address: 565 SHERIDAN RD
City-St-Zip: WINNETKA, IL 60093

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILSON ALLEN

MGR

01/30/2004

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