

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2003 8:00 am**  
**Secretary of State**

02-11-2003 90050 019 \*\*\*\*50.00

**DOCUMENT # M01000000407**

1. Entity Name

**SIGNATURE CAPITAL SECURITIES LLC**



Principal Place of Business

**565 SHERIDAN RD  
WINNETKA IL 60093**

Mailing Address

**565 SHERIDAN RD  
WINNETKA IL 60093**

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 **13-3951939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TURNER, WILLIAM J  
4000 GULF SHORE BLVD, #2600  
NAPLES FL 34103**

7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*William J. Turner*

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

(NOTE: Registered Agent signature required when reinstating)

**2/2/03**

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete  
NAME **TURNER, WILLIAM J**  
STREET ADDRESS **4000 GULF SHORE BLVD #2600**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **MGR** ☒ Delete  
NAME **SICK, WILLIAM N JR**  
STREET ADDRESS **565 SHERIDAN RD**  
CITY-ST-ZIP **WINNETKA IL 60093**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Manager** ☐ Change ☒ Addition  
NAME **Wilson Allen**  
STREET ADDRESS **3 Pleasant Cove**  
CITY-ST-ZIP **Austin, TX 78776**

TITLE **Member** ☐ Change ☒ Addition  
NAME **Signature Capital LLC**  
STREET ADDRESS **565 Sheridan Rd**  
CITY-ST-ZIP **Winnetka, IL 60093**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:

*Wilson Allen*

**2/5/03**

**847-501-5105**

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

Date

Daytime Phone #

CR2E083 (10/02)