2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M06000001712

1. Entity Name
SIG HOLDING LLC



FILED Aug 08, 2007 08:00 A Secretary of State

Principal Place of Business

401 CITY AVENUE S-220 BALA CYNWYD, PA 19004 Mailing Address

401 CITY AVENUE S-220 BALA CYNWYD, PA 19004



07252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 80-0021240 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

NESBITT, AUTUMN C/O SIG, 1515 FEDERAL HIGHWY SUITE 3000 OFFICE #29 BOCA RATON, FL 33432

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	The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.	or registered agent	or both, in the State of Florida.	I am familiar with, and accept
C 1/	PICNATURE .			

(NOTE, Registered Agent signature required when roinstating)

Filing Fee is \$50.00 Due by September 14, 2007

	9. MANAGING MEMBERS/MANAGERS		
9.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIG HOLDING INC. 1201 N ORANGE STREET S-715 WILMINGTON, DE 19801		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			

DATE

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

RE: // (A/) - / / ////
SMATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/25/07

610 617-2631

Daytime Phone #