


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M06000006798</b> 1. Entity Name SIGNAL GP LLC	
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Principal Place of Business 151 SOUTH WARNER ROAD, SUITE 200 WAYNE, PA 19087	Mailing Address 151 SOUTH WARNER ROAD, SUITE 200 WAYNE, PA 19087
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02052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 47-0876082	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  HATCH, JOHN D ESQ 1267 BERKSHIRE LANE, SUITE 200 TARPON SPRINGS, FL 34688
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000641841  
03/01/07-80016-002 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIGNAL HOLDINGS LLC 151 SOUTH WARNER ROAD, SUITE 200 WAYNE, PA 19087
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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: <u>THOMAS K. CLOETINGH</u> 2/13/07 610-344-8905 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>