

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 19, 2006 08:00 AM
Secretary of State**

DOCUMENT # M96000000044

1. Entity Name
SIGNATURE BRANDS, LLC



Principal Place of Business

**808 SW 12TH ST
OCALA, FL 34474-3140**

Mailing Address

**808 SW 12TH ST
OCALA, FL 34474-3140**



01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3359107

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CONTINO, FRANCIS A
STREET ADDRESS	18 LOVETON CIRCLE
CITY-STATE-ZIP	SPARKS, MD 21152
TITLE	MGRM
NAME	WILSON, ALAN
STREET ADDRESS	18 LOVETON CIRCLE
CITY-STATE-ZIP	SPARKS, MD 21152
TITLE	MGRM
NAME	HEIDENREICH, STEFAN
STREET ADDRESS	NIEDERLENZER KIRCHWEG 6
CITY-STATE-ZIP	LENZBURG 1, SWITZERLAND 5600, 5600
TITLE	MGRM
NAME	HOLM, WERNER
STREET ADDRESS	49-55 LUBECKER STRASSE
CITY-STATE-ZIP	23611 BAD SCHWARTAU, GERMANY,
TITLE	MGR
NAME	KENNEDY, TIMOTHY J
STREET ADDRESS	808 SW 12TH ST
CITY-STATE-ZIP	OCALA, FL
TITLE	MGR
NAME	SCHNEIDER, JAMES R
STREET ADDRESS	808 S.W. 12TH STREET
CITY-STATE-ZIP	OCALA, FL 344743140

01/24/06-80028-006 55.00

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IN THIS SPACE**

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 606, Florida Statutes.

SIGNATURE:

Tim Kennedy

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

1/6/05

(352) 622-3134

DATE

Daytime Phone #