


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90561 025 ****50.00

DOCUMENT # L03000000731

1. Entity Name
ETTEN HIGH POINTE, LLC



Principal Place of Business Mailing Address
500 THIRD STREET P.O. BOX 8050
SUITE 700 WAUSAU WI 54403
WAUSAU WI 54403

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **68-0537093**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$5.00** Additional Fee Required



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent
CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283

7. Name and Address of New Registered Agent
 Name **Richard Zimmerman**
 Street Address (P.O. Box Number is Not Acceptable)
9943 Cherry Hills Avenue, Circle
 City **Bradenton** **FL** Zip Code **34202**

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 *Richard Zimmerman* **Richard Zimmerman** **3-26-04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ETTEN, STEWART L	
STREET ADDRESS	210 RAINBOW LANE	
CITY-ST-ZIP	WAUSAU WI 54401	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ETTEN, JOHN P	
STREET ADDRESS	500 THIRD STREET	
CITY-ST-ZIP	WAUSAU WI 54403	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ETTEN, MARVIN P JR.	
STREET ADDRESS	7-GROOMS POINTE DRIVE	
CITY-ST-ZIP	CLIFTON PARKS NY 12065	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ETTEN EDMISSON, MICHELE	
STREET ADDRESS	5045 SOUTH HOLLY STREET	
CITY-ST-ZIP	CHERRY HILLS VILLAGE CO 80111	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	133 Indian Springs Road	
CITY-ST-ZIP	Chester town, NY 12819	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Richard Zimmerman* **Managing Member** **3/15/04** **(917) 447-4736**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #